

EXHIBIT 1 – CITED PAGES FROM DEPOSITION OF ALISON O'DONNELL

Transcript of the Testimony of
Alison O'Donnell

Date: August 4, 2017

Case: Alison O'Donnell v. University Hospitals Health System,
et al.



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1 Q. So all set to go forward?

2 A. Yes.

3 Q. Let me just ask you, are you on any
4 medications today that could impact your ability
5 to testify truthfully?

6 A. No.

7 Q. Are you on any prescription medications
8 at all at this time?

9 A. Yes.

10 Q. What are those?

11 A. I'm on Cymbalta and Ativan.

12 Q. Cymbalta and Ativan?

13 A. Yes.

14 Q. And what are those, in general,
15 prescribed for? What general --

16 A. Generalized anxiety disorder.

17 Q. Okay.

18 How long have you been on -- I know that
19 medications -- the names change and whatnot. How
20 long have you been on prescription medications for
21 generalized anxiety disorder?

22 A. I don't remember the exact date, but I
23 can tell you it's been at least ten years.

24 Q. Okay.

25 And I guess, over those ten years, has it

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1 but that sometimes changes.

2 Q. If you're typically going in for a 2:00
3 p.m. to 10:00 p.m. shift, are you taking an
4 Ativan?

5 A. Not usually.

6 Q. So what would come up at work that you
7 might say, Hey, I need to take an Ativan?

8 A. If I have to do a presentation in front
9 of somebody.

10 Q. Okay.

11 So it's more of, I guess, for you, the
12 anxiety increases if it's a matter of speaking in
13 public or to groups? Where would you classify it,
14 I guess?

15 A. That's one of the triggers of my anxiety.

16 Q. Do you have certain triggers that you
17 know -- when you say one of, what is that?

18 A. Well, can I explain my anxiety disorder?

19 Q. Yes.

20 A. My anxiety disorder is generalized
21 anxiety, it's a chronic condition, and it affects
22 several of my major life functions, such as
23 speaking, thinking, and communicating.

24 So my anxiety kind of -- the symptoms of
25 it and the intensity varies depending on the

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1 situation. And it can be triggered by certain
2 things. Some of the triggers that tend to happen
3 for me are speaking in groups, meeting new people,
4 engaging in a verbal disagreement with somebody.
5 Those things tend to make my anxiety ramp up.

6 And then when I do get these anxiety
7 symptoms, they become physical. So I might get
8 dizziness, blurry vision, nausea, vomiting,
9 sweating, tremors, difficulty find my words, and
10 I'll stutter.

11 So those kind of things make it difficult
12 for me to participate in certain things. For
13 instance, like, when I was in the fellowship
14 program, I had a hard time speaking up during the
15 divisional conferences due to my anxiety, and they
16 were compounded by some of the abuse and
17 discrimination that I was suffering, as well.

18 Q. Okay. We'll get into that. And let's
19 just focus on -- I guess, thank you for the
20 triggers with that, and those things.

21 So, I guess, my question to you, just
22 from that, when you say -- and let's just focus on
23 -- when we're talking about, like, meeting new
24 people, speaking in groups, I think you said
25 disagreement with people.

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1 A. Yes.

2 Q. I assume speaking in groups would include
3 speaking publicly to a group?

4 A. Yes.

5 Q. As well as a group discussion?

6 A. Right.

7 Q. I just want to understand the triggers.
8 With that, are you able to do those things if you
9 take your Ativan or no?

10 A. Mostly, I'm able to.

11 Q. Mostly able to?

12 A. Yes.

13 Q. When you say mostly able to, meaning
14 what?

15 A. Meaning the situation is so intense that
16 sometimes medication alone won't do it.

17 Q. Okay.

18 So sometimes you say, I just -- simply,
19 that is something I can't do?

20 A. Right.

21 Q. How about, just so I understand what your
22 restrictions are, I guess. If I said, Hey, I've
23 got a hundred physicians, I want you to come out
24 and give a presentation to, for an hour, is that
25 something you could do?

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1 A. If I was comfortable with the topic and
2 if the audience was civil and respectful of my
3 presentation, yes. But if they're going to be
4 heckling me and yelling and screaming, then
5 probably not.

6 Q. How about if I said that we're going to
7 sit down and we're all going to talk about -- I've
8 got ten physicians and we're all talking about our
9 careers, and I want you to come in and we're all
10 going to talk about the pluses and minuses of
11 being a doctor, could you do that?

12 A. I would not enjoy it, but I probably
13 could make it through.

14 Q. Okay.

15 How about if something happened -- this,
16 obviously, is a physician, no different than a
17 lawyer. Sometimes we want everything to work
18 great, but sometimes an issue could come up with a
19 patient or something like that.

20 How about if we said, Hey, Dr. O'Donnell,
21 we want you to come in. We've got the parents of
22 the child, we've got their attorney, we've got our
23 attorneys, and we're all going to talk about what
24 you did and what you didn't do. In that meeting,
25 they're going to ask you questions.

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1 guess, this, just so I understand it. It looks to
2 me that your time at UH was 2010 -- and I guess
3 maybe this is a good time. I'll just put in these
4 contracts.

5 - - - - -

6 (Thereupon, Deposition Exhibit 2,
7 University Hospitals Contracts, was
8 marked for purposes of
9 identification.)

10 - - - - -

11 Q. I've handed you what's been marked as
12 Exhibit 2. Anything I give you, you're welcome to
13 take as much time as you'd like to look through
14 it. On these, it looks to me as if these are your
15 two contracts with the fellowship program at UH.
16 And one of them -- the last two pages I see are
17 from July 1, 2010 to June 30, 2011.

18 Do you see that?

19 A. Yes.

20 Q. And then the front one is the second
21 contract from July 1, 2011 to June 30, 2012; is
22 that right?

23 A. That's correct.

24 Q. So from that, I guess, just to put -- I'm
25 not trying to trick you or anything. But just to

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1 put the dates of your fellowship. I saw it
2 started, can we say July 1, 2010?

3 A. That's reasonable.

4 Q. Although you didn't have a second
5 contract, I take it that your -- you went on a
6 leave of absence, and I'm not saying that you
7 asked for it, but you went on a leave of absence
8 from July 1, 2012, right?

9 A. That's correct.

10 Q. And then you eventually resigned. I want
11 to put that in so we have it for the record.

12 - - - - -

13 (Thereupon, Deposition Exhibit 3,
14 December 16, 2012 Resignation
15 Letter, was marked for purposes of
16 identification.)

17 - - - - -

18 Q. You eventually -- if we look at Exhibit
19 3, you eventually resigned on December 16, 2012,
20 right?

21 A. Correct.

22 Q. So if we put the time frames of the UH
23 fellowship, we're talking July 1, 2010 through
24 December 16, 2012, right?

25 A. That's correct.

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1 testimony was, when we were talking about
2 paragraph 2, that when she says, in the last one
3 to two years it became more intense, you said
4 there was some work issues.

5 A. Not so much work issues. But being a
6 physician is a stressful job, and being
7 unmedicated just became a lot for me. So that's
8 why I decided to go back on the medication.

9 Q. Did you -- I guess, without the
10 medications, did you have restrictions? Were you
11 not able to give speeches? Or what were you able
12 to do or not do?

13 A. Well, that job didn't require me to give
14 speeches.

15 Q. Okay.

16 But was there anything that you couldn't
17 -- was there anything, without the medication,
18 that you couldn't do? Would you, for example, not
19 be able to talk in a group setting?

20 A. No. But once again, that wasn't required
21 of me. But I wouldn't have been able to do it if
22 they had asked me to.

23 Q. Okay.

24 So let's look at her third paragraph, and
25 it goes through a little bit of the -- some of

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1 anxiety. I'm not sure about the panic disorder.
2 However, she's the professional.

3 Q. And she says it's a long history of them
4 both. She told you that not only do you have
5 those two diagnoses, but she believes you've had
6 them for a long time?

7 A. She has told me that.

8 Q. Has she told you what she means by panic
9 disorder?

10 A. That I can have -- my anxiety can get so
11 severe that it can present as a panic attack.

12 Q. Okay.

13 What's an SSRI?

14 A. Selective serotonin reuptake inhibitor,
15 which is class of medications like Zoloft and some
16 of the other medications commonly prescribed for
17 anxiety.

18 Q. Okay.

19 And it says you've done better with the
20 change to your new job in an urgent care center.
21 And, I guess, let me just ask you, since leaving
22 UH, December 2012. Let's go through, you've been
23 at Akron Children's for how long?

24 A. Since April 1 of this year.

25 Q. And before that?

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1 A. Immediately after I was placed on leave,
2 I signed up with a locum tenens, a temporary
3 agency, and they placed me with a company called
4 ONE Health Ohio, who hired me on that following
5 spring. And I stayed there until February 10 of
6 this year.

7 Q. Of 2017?

8 A. That's correct.

9 Q. Okay.

10 And did they only have you at ONE Health
11 Ohio or where were you at?

12 A. That was the only place I was at.

13 Q. So I take it that she's saying the change
14 in new job had improved. Were you having problems
15 at ONE Health Ohio?

16 A. No. It just was a very poorly-run
17 company and I was overloaded with work.

18 Q. And, I guess, my question is: Was it
19 causing the anxiety or was it just simply you
20 didn't like the job?

21 A. I would say, mostly, I just didn't like
22 the job.

23 Q. Okay.

24 So let me ask you then -- I've seen
25 Dr. Rosenberg -- and I think I understand, but

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1 A. They don't have those at Akron
2 Children's.

3 Q. Okay.

4 So Akron Children's, it's physicians who
5 are caring for the patients?

6 A. That's correct.

7 Q. And do you have any work restrictions at
8 Akron Children's?

9 A. No.

10 Q. So you don't have any type of -- there's
11 nothing that comes up that you have to say, Hey, I
12 don't want to deal with that?

13 A. Well, I did inform them of my disability
14 at the time of my employment and they've
15 accommodated me without me having to make any
16 specific requests.

17 Q. And, I guess, did you do that in writing
18 or orally?

19 A. Both.

20 Q. Both. Okay.

21 So tell me, in general, if I'm hiring you
22 to come in as a physician and I'm your supervisor,
23 tell me what you're going to tell me about your
24 disability and restrictions?

25 A. I'd say that I have generalized anxiety

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1 somebody says, Hey, I don't think you performed
2 well or I disagree with you, does that cause
3 anxiety?

4 A. It can, to a degree. Sometimes.

5 Q. Okay.

6 And, I guess, what do you do -- do you
7 say I'm just not going to participate in that or
8 what would happen?

9 A. No, I would do my best to participate.

10 Q. Okay.

11 So today at Akron Children's, you don't
12 think you have any restrictions?

13 A. No.

14 Q. You haven't had any issues that have come
15 up?

16 A. No.

17 Q. Now, let's talk about -- and, I guess,
18 with benefits, \$230,000 salary, your benefits are
19 what? Medical and 401K?

20 A. Medical, dental. I'm sure there's a
21 retirement plan there, but I'm not sure exactly.

22 Q. Is the insurance through you or your
23 husband?

24 A. Both. I'm insured -- me and my son are
25 under mine. And Akron Children's requires my

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1 husband to carry his own, and he's secondary on
2 ours.

3 Q. So that's Akron Children's. So you
4 advise them of your disability, but you don't have
5 any work restrictions and it's never come up?

6 A. Correct.

7 Q. So let me talk about your employment at,
8 I'm just going to call it Ohio Health, okay?

9 A. Okay.

10 Q. So Ohio Health from February -- well,
11 actually, it was from 2012, right?

12 A. Um-hum.

13 Q. Through 2017?

14 A. Well, technically. I worked there, but I
15 wasn't their employee in 2012.

16 Q. I get it. I know. I'm just calling it
17 Ohio Health.

18 A. Sure.

19 Q. You were assigned there by a temporary
20 agency?

21 A. Yes.

22 Q. What were you doing for Ohio Health?

23 A. I was acting as a general pediatrician.
24 I just saw children in the office as an outpatient
25 only.

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1 Q. Okay.

2 And where was your location?

3 A. Initially, they had me moving to several
4 locations within their organization. I was in
5 Warren, Youngstown, and Alliance. But eventually
6 I was just in Warren.

7 Q. And, I guess, with that, as to what was
8 your rate of pay when you left?

9 A. When I left, I can't remember exactly,
10 but I want to say it was approximately 165,000.

11 Q. How about when you started?

12 A. It was significantly less than that, but
13 I can't remember exactly.

14 Q. Over 100,000?

15 A. Yes.

16 Q. Did you have benefits?

17 A. Yes.

18 Q. And did you have problems at Ohio Health?

19 A. Not directly. Towards the end, the
20 company was making some decisions, which I felt
21 was unethical for the patients, so that was one of
22 the things that prompted me to leave.

23 Q. Like what, just in general?

24 A. They had some old vaccines that they
25 wanted to give to the patients and were

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1 misconstruing them as the new and updated version.
2 And would tell the parents that the child was
3 getting the new vaccine, but would really be
4 getting an old one.

5 Q. Okay.

6 And then as to Ohio Health, did you have
7 any restrictions while you were there?

8 A. Not for my anxiety, no.

9 Q. And did you have any problems with your
10 anxiety at Ohio Health?

11 A. I did have anxiety symptoms, but I was
12 able to function at my job.

13 Q. When you say anxiety symptoms, meaning
14 what?

15 A. I would sometimes stumble over my words,
16 have difficulty getting out what I wanted to say,
17 sweating, tremoring, shortness of breath, nausea.

18 Q. So you worked there, then, for five
19 years. You didn't need any accommodations.

20 A. Right.

21 Q. Okay.

22 So, I guess, just on this, at the
23 beginning, I know that you certainly have read
24 some of the law because you're telling me about
25 your major life activities and all that kind of

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1 stuff.

2 A. Yes.

3 Q. Do you agree or disagree that there's a
4 lot of people in the world that would not want to
5 give a speech to a large group?

6 A. Well, I agree with that, however, my
7 symptoms are much more intense than the average
8 person.

9 Q. Just answer -- I'm not yet questioning
10 any of that. I'm just trying to get -- you
11 understand that speaking in front of large
12 groups --

13 A. Yes.

14 Q. Lots of comedians make jokes about,
15 there's lots of people who don't want to do that?

16 A. Exactly.

17 Q. There's lots of people that -- nobody
18 likes to be criticized, right?

19 A. Right.

20 Q. I mean, if all of a sudden, I sat down
21 and Fred and three of my partners sat down and
22 said, Let's tell you everything that you've done
23 bad as an attorney and how you can improve.

24 Nobody likes that, right?

25 A. Right.

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1 Q. I mean, I might like to argue with them
2 about it and say you're crazy, but nobody is going
3 to really enjoy that, right?

4 A. Right.

5 Q. And then if you do get into a difficult
6 situation, again, nobody is going to enjoy that,
7 right?

8 A. That's correct.

9 Q. And, I guess, if I look at it, today
10 you're what, 32?

11 A. No, I'm 39.

12 Q. 39. Okay. So, really, for 29 years, you
13 went through life without any medications, right?

14 A. Yes, but I was definitely impaired
15 without it.

16 Q. But at those points in time, you weren't
17 seeing a psychiatrist, right?

18 A. That's correct.

19 Q. You weren't seeing counselling every day,
20 right?

21 A. That's correct.

22 Q. Did you have any care for your first 29
23 years as to any of these issues?

24 A. Yes. I mean, I will preface this by
25 saying, my parents, even though they're doctors,

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1 to get actual treatment, I take it, was when you
2 were in the residency program?

3 A. It was.

4 Q. So you had gone through high school,
5 undergrad, and medical school, right?

6 A. Yes.

7 Q. And you were able to get through all of
8 those and presumably excel. You went to residency
9 at Cleveland Clinic, right?

10 A. That's correct.

11 Q. I assume to match there wasn't easy,
12 right?

13 A. I don't know.

14 Q. You don't know. Okay.
15 You don't think that was a good match or
16 no?

17 A. I was very happy with the match, but I
18 honestly can't tell you whether or not --

19 Q. What medical school did you go to?

20 A. I went to Case Western.

21 Q. So you went to Case Western. And so for
22 29 years you get through with no medication. Then
23 you get to the residency. And I'm assuming the
24 residency, at that time, there were times that you
25 had to answer questions or speak up in group

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1 Q. Okay.

2 Did you have any accommodations or
3 restrictions during the residency program?

4 A. No official accommodations, but my
5 attendings recognized that I had some form of
6 anxiety going on, and they accommodated me for it.

7 Q. How so?

8 A. They recognized that -- they were the
9 ones who suggested I go get evaluated because of
10 my symptoms. And they would recognize when I was
11 starting to have anxiety issues and would offer me
12 breaks, if necessary.

13 Q. Meaning what -- I guess, with the
14 attending, just so I understand the residency.
15 Were there times when they would have you give
16 treatment to a patient?

17 A. Oh, no. I was able to always perform my
18 clinical duties. Like, for instance, if I was
19 presenting something, and they saw that, maybe, I
20 was getting a bit too anxious, they would say,
21 Take a breath, relax, and then try again.

22 Q. I'm just trying to understand the
23 residency program. Is there times when they would
24 watch you or be with you when you gave treatment?

25 A. Generally, no.

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1 Cleveland Clinic residency, you were prescribed
2 the medication?

3 A. Yes.

4 Q. And so let me ask you as to that. Was
5 there -- did you ever get any documented
6 performance issues during the residency program?

7 A. Not that I remember.

8 Q. Any oral issues about, Hey, these are
9 problems and we need to be able to fix them?

10 A. Well, all residents get that. I mean,
11 that's part of the residency. They point out the
12 mistakes that you're making and you're expected to
13 correct them.

14 Q. Well, how about as to these issues, about
15 being able to speak in groups or answer questions
16 or give discussions in front of a group?

17 A. I don't remember.

18 Q. Did those come up? You don't remember.

19 A. No.

20 Q. If you were to, I guess -- if we were to
21 get that file or look to anybody, you don't
22 remember if there was any, like, performance plans
23 or anything that was of a disciplinary nature?

24 A. I don't believe so.

25 Q. You don't believe so.

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1 A. Last I heard, he was still at the Clinic,
2 but I know he was planning to retire soon. So I
3 don't know if he's done so yet or not.

4 Q. Do you know what the rate of pay is at
5 the Clinic for an endocrinologist?

6 A. I do not.

7 Q. Do you think it would be higher or lower
8 than \$229,000?

9 A. I don't know. I know, typically,
10 academic programs tend to pay a little bit less.
11 But endocrinology, overall, pays more than general
12 pediatrics.

13 Q. But you don't know if it would have been
14 more than \$229,000?

15 A. I do not.

16 Q. And, I guess, you do know that, in
17 general, if it was more from -- more the
18 educational side, it might be lower?

19 A. It might be, yes.

20 Q. Because, I take it, you're not bringing
21 in as much revenue through the patients?

22 A. That and just, you get the perks of being
23 in a big system. So, in general, some of the
24 bigger hospitals tend to pay less than some of the
25 community places that, potentially, doctors could

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1 Q. Okay.

2 So the fellow program, just so I'm
3 understanding it, and with that, how long between
4 you getting out of the residency program and going
5 to the fellow program?

6 A. I took a year off to do some urgent care
7 work, and then I went into the fellowship program
8 the following spring.

9 Q. Did you apply to other fellowship
10 programs?

11 A. No.

12 Q. So in UH -- on the fellowship program, do
13 the physicians, Dr. Uli and the other physicians,
14 do they have to certify you in some manner?

15 A. Certify at the end of the program?

16 Q. Yes.

17 A. Yes, they do.

18 Q. Are they signing off saying that
19 graduates of the program meet certain conditions?

20 A. Just that they've completed the
21 requirements of the program, which are national
22 standards that they have to sign off on.

23 Q. So you do agree that there are -- I mean,
24 those physicians, in order to bring value to the
25 fellowship program, those physicians are trying to

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1 uphold certain standards, right?

2 A. I don't know that those physicians are.
3 But, in theory, yes, there is a standard that
4 should be upheld.

5 Q. Well, and if it's not upheld, nobody is
6 going to go into the fellowship program because
7 it's not going to bring any value, right?

8 A. I would say so, yes.

9 Q. I mean, they want to have the fellows out
10 there, under the UH fellowship program, I'm
11 assuming they want to have them excelling in their
12 career paths so then people say, I want to go into
13 the UH fellowship program and be like
14 Dr. O'Donnell, right?

15 A. I don't know about that.

16 Q. You don't know that. Okay.

17 Well, you do know that they have to put
18 their signature, if you were going to graduate,
19 they'd have to put their signature saying that you
20 meet those national standards?

21 A. Yes.

22 Q. And you don't disagree that in one way,
23 shape, or form, you have to meet those standards
24 in order to get through the fellowship program?

25 A. I agree with that.

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1 Q. And everybody who is in the program have
2 to meet those standards?

3 A. Everyone should meet those. I don't know
4 that everyone is. But, yes, everyone should.

5 Q. Everyone should with that.

6 And so, I guess, what you're saying is
7 that if you would have gotten through the program,
8 it would have impacted -- I guess, you would have
9 been an endocrinologist instead of urgent care?

10 A. Yes.

11 Q. And as we sit here -- and I guess you say
12 that there was some job at the Cleveland Clinic
13 that you were intending to accept?

14 A. Yes.

15 Q. So if we check with the Cleveland Clinic
16 on what endocrinologists earn, we would have a
17 pretty good understanding of what you would have
18 been accepting right out of the fellowship
19 program?

20 A. That's correct. Of course, that's not to
21 say that I would have stayed there. But, yes, I
22 would have started off there.

23 Q. And so I take it that in order to --
24 well, let me ask you, then, a little bit more
25 about the fellowship program and about UH as to

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1 it, in general.

2 - - - - -

3 (Thereupon, Deposition Exhibit 4,
4 University Hospitals Policy &
5 Procedure, was marked for purposes
6 of identification.)

7 - - - - -

8 Q. Handing you what's been marked as Exhibit
9 4. And I assume that you are familiar with
10 University Hospitals' discrimination and
11 harassment policies?

12 A. I am. However, this one looks different
13 from the one that I had in the handbook from the
14 time that I was there.

15 Q. Okay.
16 How so, I guess?

17 A. Just the font and everything is
18 different. I don't know if the material
19 information is different. But this is not the one
20 from the time that I was in the program.

21 Q. Okay.
22 My only question to you is: You
23 certainly knew that, at least, the written
24 policies at UH prohibited all forms of
25 discrimination?

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1 A. Yes.

2 Q. You certainly knew that there was a
3 complaint procedure if you believed you were the
4 victim of discrimination?

5 A. That's correct.

6 Q. You knew that the written policies
7 prohibited all forms of harassment, right?

8 A. Yes.

9 Q. And you knew that if you believed you
10 were the victim of harassment or saw somebody else
11 being the victim, that you could complain, right?

12 A. Yes.

13 Q. And I believe through the charge, I saw
14 that you had provided, as part of your position,
15 some of the policies that showed that UH does
16 accommodate, if necessary, right?

17 A. Yes.

18 Q. And that you're aware of the policies and
19 the procedures you go through if you want
20 accommodations?

21 A. Yes.

22 Q. And so, at least, from the written
23 policies, you don't disagree that UH would
24 prohibit disability discrimination and give you an
25 accommodation if it was medically necessary and

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1 reasonable, right?

2 A. That's what their policy states.

3 Q. Okay. Fair.

4 And I saw that during your -- I'm going
5 to call it employment, but we're in an
6 understanding it's part of the fellowship program,
7 right?

8 A. Right.

9 Q. And, I think, on the employment it was
10 about \$50,000 a year?

11 A. I believe so. I can't remember exactly.

12 Q. And it was full-time or part-time?

13 A. It was full-time.

14 Q. Full-time. So you could, what, work
15 part-time at an urgent care, potentially?

16 A. Yes.

17 Q. How much would you make during that, if
18 you worked --

19 A. I don't remember exactly but it was
20 hourly. I want to say maybe between 70 and 80
21 dollars an hour.

22 Q. So you could work part-time outside of
23 the fellowship program?

24 A. Yes.

25 Q. But, in general, a fellowship program,

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1 you obviously took a pay cut in order to try to
2 get the fellowship?

3 A. Yes.

4 Q. So tell me, the fellowship program, how
5 many -- what were you called? Were you a
6 resident? A fellow? What were you called?

7 A. Fellow.

8 Q. How many fellows were in the
9 endocrinology fellowship program when you joined
10 it?

11 A. When I joined? Let's see. I can't
12 remember exactly, but I want to say approximately
13 six. But that number could be slightly off.

14 Q. Okay. And that's fair.

15 So approximately six. And I take it --
16 how many years of the program?

17 A. It's a three-year program.

18 Q. And that would make sense because I think
19 I read that there's two fellows per year?

20 A. Yes.

21 Q. And so that would mean, if you got six,
22 you're going to have two that would graduate,
23 hopefully, that year and two more come in?

24 A. Um-hum.

25 Q. Right?

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1 A. Correct.

2 Q. And then how many physicians were there
3 to evaluate and assist in the program,
4 approximately?

5 A. Once again, don't remember exactly. But
6 the ones I can remember, let's see, seven that I
7 remember, but not all of them were full-time and
8 not all of them had direct contact with the
9 fellows.

10 Q. So those seven, some of them were more
11 highly involved, some of them were less involved?

12 A. Correct.

13 Q. What, in general, did those seven
14 physicians do? You tell me some of the things
15 they did as part of the program.

16 How did they interact with you and the
17 other fellows?

18 A. Well, that's two separate questions. How
19 they interacted with me was much different than
20 how they acted with other fellows.

21 Q. I'm just asking you, generally. I'm
22 going to let you --

23 A. No, I understand.

24 Q. I'm going to let you blast UH all you
25 want. But right now I'm just trying to ask you,

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1 in general, how is it that they would interact
2 with the fellows?

3 A. I mean, generally, the way it should have
4 been, was they would oversee the clinics. Fellows
5 were supposed to have their patients and the
6 attendings would just make sure everything was
7 going the way it should be and that the fellows
8 are making the right decisions, just as a
9 safeguard to make sure that they -- we weren't
10 making any mistakes since we were still in
11 training and weren't completely proficient with
12 everything.

13 In addition, they're responsible for
14 providing education, which didn't always happen.
15 But, in theory, they're supposed to meet with us
16 periodically and provide some teaching.

17 Q. And, I guess, let's talk about a week in
18 the life of a fellow.

19 A. Okay.

20 Q. So you would be there full-time?

21 A. Yes.

22 Q. Did you work during the day or did your
23 shifts change?

24 A. Well, there were lots of different
25 activities a fellow might be doing.

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1 A. Um-hum.

2 Q. Was that every year or just year one?

3 A. Every year. I wouldn't even say classes.

4 It's more like we have our divisional conference.

5 I can't even remember exactly, I want to say maybe

6 twice a month or once a month, we had a fellows

7 only session, with one attending, where we would

8 go over some things with a textbook.

9 Q. Okay.

10 Did you have group meetings once a week?

11 A. The divisional conference was the group
12 meeting.

13 Q. Okay.

14 A. But that was the entire department.

15 Q. What is the Wednesday conference?

16 A. That's the departmental conference, where
17 the entire department, the attendings, fellows,
18 nurses, other people within the department meet
19 together and, in theory, discuss patients and go
20 over educational topics.

21 Q. How long is that departmental meeting?

22 A. I can't remember. It was more than an
23 hour but I don't remember how long.

24 Q. So everybody comes in, and is there an
25 agenda, or do they just start going through

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1 different patients?

2 A. There was an agenda but it wasn't always
3 abided by. But, yes, there was an agenda.

4 Q. Okay.

5 And I take it, for example, they might
6 say, Dr. Matthews, tell us about patient X. And
7 you would go through and tell about patient X?

8 A. Correct.

9 Q. And then others could ask questions about
10 patient X or about your treatment?

11 A. Sometimes that would be done. Usually,
12 for that kind of review, the fellow that was on
13 hospital service would present the patients and
14 just say what was going on with them.

15 And usually there weren't that many
16 questions. Well, there shouldn't have been any
17 questions about it. Just was kind of getting
18 everybody on the same page because on the weekends
19 we would take calls, so you would have to be aware
20 of what patient was in the hospital. So it was
21 mostly just an educational thing, so it would make
22 transition of care smoother.

23 Q. So I take it that part of this is, from
24 what I hear about these group discussions, part of
25 it is learning?

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1 (Thereupon, Deposition Exhibit 6,
2 March 22, 2012 Letter From Julie
3 Chester, was marked for purposes of
4 identification.)

5 - - - - -

6 Q. Okay.

7 So handing you what's been marked as
8 Exhibit 6. And this looks, to me, as if this was
9 the formal request for accomodation.

10 A. That's correct.

11 Q. And so we get a request for accomodation
12 and this is the medical -- Page 2 is the medical
13 documentation that you submitted, right?

14 A. Yes.

15 Q. Okay.

16 So you asked for an accomodation and they
17 -- and do you have a problem with UH saying, Give
18 us medical documentation to support it?

19 A. They never asked me that, but, yes, I
20 don't have a problem with it.

21 Q. Well, I think if you look at this letter,
22 March 22, they're saying, You need to give us a
23 release and you need to give us some information
24 to support it, right?

25 A. Let me see. Where do you see that?

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1 Q. Well, complete the attached
2 authorization --

3 A. Yes, which I did.

4 Q. Okay.

5 Have your health care provider complete
6 the attached health care --

7 A. Yes, which she did.

8 Q. Obviously, they're saying, We trust what
9 you're saying, but we need to see what your
10 physician is saying.

11 A. Yes.

12 Q. So you don't have a problem with that,
13 right?

14 A. No.

15 Q. So let's see. So the answers are -- and
16 did you agree with what your physician said here?

17 A. I would say so, yes.

18 Q. So let's go through.

19 "Does the employee have a disability that
20 substantially limits one or more major life
21 activities?" And your physician answered yes,
22 right?

23 A. Correct.

24 Q. And what are they? Social phobia and
25 difficulties in unknown social situations; is that

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1 correct?

2 A. Yes. There's more to it than that, but,
3 yes, those two statements are correct.

4 Q. Those two statements are correct. I
5 didn't see those two in your latest 2017 medical
6 statement?

7 A. That's because social phobia falls under
8 the general umbrella of generalized anxiety
9 disorder.

10 Q. What do you understand social phobia is?

11 A. Social phobia is an anxiety that
12 manifests itself from social situations. Speaking
13 up in groups, meeting new people, socializing.
14 Just, generally, being around other people can
15 trigger anxiety symptoms.

16 Q. Okay.

17 And "Does the employee use any mitigating
18 measures?" And we're saying yes, medications, I
19 take it?

20 A. Yes.

21 Q. And then we get into -- and we've talked
22 about your medications, right?

23 A. We have.

24 Q. So number 3, "Does the disability affect
25 the employee's ability to perform any one of the

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1 physician decide, Hey, I'm now prepared to go into
2 unrehearsed questions and answers.

3 A. Well, it wouldn't be a matter of
4 decision. It would be a matter of the course of
5 my illness.

6 Q. Okay.

7 Well, I understand. But it's not as if
8 you saw an end sight as of May 3, 2012.

9 A. Okay.

10 Q. Right?

11 A. That's correct, yes.

12 Q. If we look at this, just to be fair on
13 it, because I think the dates will tell us a
14 little bit more. This is March 22, when you've
15 already made the request on March 19, right?

16 A. Right.

17 Q. If we look at Page 1. March 22, UH gets
18 back to you and says, Hey, give us medical
19 information, right?

20 A. Yes.

21 Q. And then on, it looks like, May 3, 2012
22 is when you gave them your medical docs?

23 A. There's actually a document that goes
24 before this. My doctor wrote a general note
25 stating that I have this diagnosis and I should be

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1 accommodated. She didn't have this form. And so
2 UH wrote me back saying she didn't put it on the
3 right form. So she gave us this form, and this is
4 how it came back later.

5 Q. Okay.

6 So you got this form and submitted this
7 form, as to it?

8 A. Yes.

9 Q. And if we look at -- and I understand
10 that Exhibit 5 was not put in the -- the date of
11 it was not effective that day. But this is March
12 14, 2012. And if we look at it -- it was, in
13 fact, on even five days before, you made the
14 formal request, and then a couple months before
15 you submitted your formal medical documentation,
16 right?

17 A. I'm not sure what the question was. I
18 didn't see that --

19 Q. Well, I'm just looking at the date. You
20 were saying -- if we look at the end of Exhibit 5,
21 it says, March 14, 2012 was the date.

22 A. Right. But it wasn't handed out to
23 anybody at that time.

24 Q. Understood.

25 But, obviously, during the course of

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1 this, you had to do certain things and you
2 expected UH to do certain things, as well, right?

3 A. I don't know what their responsibility
4 would have been. But, yes, I was doing certain
5 things.

6 Q. Well, I guess I would say, you would
7 expect that UH, if you're HR, you spoke with Julie
8 Chester, right?

9 A. I did.

10 Q. And you expect Julie Chester is going to
11 say, Well, what are the essential functions of the
12 fellow program, Dr. Uli, right?

13 A. I don't know what her job would have
14 been. I just know that I was applying for
15 accommodations at that point.

16 Q. You had no idea what UH should have been
17 doing or anything like that?

18 A. No.

19 Q. Then as we get to the end, it says, "The
20 employee is actively seeking help for her
21 symptoms, and is very motivated in her treatment.
22 She has made some progress already."

23 Did I read that right?

24 A. I believe so.

25 Q. Who was your treating physician, at this

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1 Q. And let me ask you, with Mr. Rebello, how
2 much contact did you have with Mr. Rebello?

3 A. I'd say minimal. I met him maybe two or
4 three times during the course of this incident.

5 Q. Did you talk to him about the
6 accommodations?

7 A. No, not about the accommodations.

8 Q. What did you talk to him about?

9 A. I complained to him -- I initially went
10 to graduate medical education about the
11 discrimination and abuse I was suffering in my
12 fellowship program.

13 Q. Okay.

14 When do you think that took place?

15 A. Approximately, I would say the fall of
16 2011.

17 Q. I guess, tell me then, what were you --
18 what was your complaint at that point?

19 A. There were numerous. Would you like me
20 to go through it all?

21 Q. Yeah.

22 A. Okay.

23 So from the very beginning, I was treated
24 differently from the rest of the trainees in the
25 fellowship program. I noticed that all the other

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1 fellows had their own clinic, and they would have
2 their clinic schedule at least a month in advance,
3 sometimes more.

4 I was called sometimes with less than 24
5 hours' notice and sent to clinic. This gave me
6 inadequate time to prepare and made it very
7 difficult to get my work done properly.

8 In addition, I was denied a formal
9 orientation process at the start of my fellowship.
10 Whereas, all the other fellows were oriented
11 properly. And that made it very difficult for me
12 to know what to do and to get it done
13 appropriately.

14 I was also required to cover another
15 fellow's clinic if they were absent, which no
16 other fellow was required to do. Once again,
17 caused difficulties with my schedule, made it hard
18 for me to plan, hard for me to get my work done.

19 So I noticed I was having this disparate
20 treatment. I didn't like it. It was making my
21 anxiety worse, so I spoke to Dr. Uli about this
22 in, approximately, the late summer, early fall of
23 2010.

24 And at that point, I told him about my
25 anxiety disorder and explained that this disparate

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1 not only discriminatory, because even in your
2 documents there, every fellow is supposed to have
3 their own project. And every fellow did, except
4 for me. It was against the rules for the national
5 governing body for fellows, that states that every
6 fellow is supposed to have their own project.
7 Also, Dr. Uli would routinely leave me off of
8 departmental emails.

9 And I missed out on multiple educational
10 opportunities because of that. So around the late
11 summer, early fall of 2011, I realized I was
12 making no progress within my department. So I
13 went outside of the department to complain, and
14 that's just the point, that I went to graduate
15 medical education.

16 Q. Okay.

17 And just so -- I was asking you about
18 Mr. Rebello.

19 A. Yes.

20 Q. And that's how you got in contact with
21 Mr. Rebello?

22 A. Exactly.

23 Q. And I take it you sat down with
24 Mr. Rebello and you told him all about this --

25 A. Yes.

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1 Q. -- like you just told me?

2 A. Right.

3 Q. What did Mr. Rebello do?

4 A. He referred me to HR and then he also
5 referred me to the head of graduate medical
6 education.

7 Q. And HR, you went and told them the same
8 things, and they told you they would investigate?

9 A. Yeah. They said, We don't investigate --
10 sorry. We don't discriminate against anybody.
11 And are you sure this is happening to you? And,
12 obviously, this can't be happening, essentially.
13 And I don't know if any investigation ever took
14 place, but I know nothing ever changed at that
15 point.

16 Q. You said you also went to the graduate
17 medical --

18 A. Graduate medical education.

19 Q. Okay.

20 And that's how you got around to say,
21 Hey, let's ask for an accomodation?

22 A. Not immediately. The first time I met
23 with the head of the department, Dr. Jerry Shuck,
24 and he met with me and Dr. Uli, and he set forth
25 some plans and rules that Dr. Uli was to follow.

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1 And Dr. Uli agreed to those in the
2 meeting, but refused to follow them afterwards.
3 And he continued to treat me badly and
4 discriminate against me. And at that point, it
5 escalated his behavior in the Wednesday
6 conferences where he would -- and other
7 attendings, too, would interrupt my formal
8 presentations, try to discredit my work, and
9 overall just sabotage my performance.

10 So at that point, I returned back -- by
11 that time, it was probably early spring, late
12 winter, early spring of 2012, went back to
13 graduate medical education and explained how this
14 was really making my anxiety spike up and I was
15 tired of being discriminated against, and this was
16 unacceptable. And that was when Dr. Shuck told me
17 that I should apply for accommodations through HR.

18 Q. Okay.

19 So let me ask you with Mr. Rebello, it
20 sounds like, at the very least we can agree, he
21 sent you to HR?

22 A. He did.

23 Q. In order to formally present your
24 complaint of discrimination, right?

25 A. Yes.

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1 Q. And he sent you on to the graduate -- say
2 that again. What is it?

3 A. Graduate medical education. He was
4 actually in that department, but he sent me to the
5 head of the department.

6 Q. Okay.

7 And they tried to work with you in order
8 to set -- I guess, see if accommodations could be
9 made to help you excel?

10 A. Yes. That was the second part.
11 Initially, they set forth some rules, which
12 Dr. Uli did not follow and they failed to enforce,
13 but yes.

14 Q. Well, I guess I'd say, and then they
15 said, Hey, why don't you make a formal request for
16 accommodations?

17 A. Yes.

18 Q. So was there anything, I guess -- let me
19 just ask you about -- if I'm trying to get the bad
20 actors, I want to know who is bad out of all this
21 stuff, so I can then ask you about the bad.

22 A. Okay.

23 Q. Was HR bad or no?

24 A. I would say they didn't do their job, but
25 they weren't actively -- discriminating against me

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1 actively. They didn't fix the discrimination, but
2 they didn't actively do anything.

3 Q. Mr. Rebello?

4 A. Once again, he wasn't helpful, but he
5 didn't do anything directly to me.

6 Q. I guess he sent you to resources.

7 A. The resources didn't do anything but,
8 yes, he did.

9 Q. So he didn't actively do anything wrong?

10 A. No.

11 Q. The GME, did they do anything actively
12 wrong?

13 A. Jerry Shuck, no, he did not. He didn't
14 help me, once again. He did give rules, which
15 would have helped, and he did offer the
16 accommodations, but he didn't enforce anything.

17 Q. Okay.

18 So I take it, who were the bad --

19 Dr. Uli?

20 A. Yes. Naveen Uli.

21 Q. He's number one, or where does he fall?

22 A. He's probably tied with Sumana
23 Narasimhan, those are the two.

24 Q. Okay.

25 Tell me the --

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1 A. Sumana, S-U-M-A-N-A.

2 Q. S-U-M-A-N-A?

3 A. Yes. Narasimhan, N-A-R-A-S-I-M-H-A-N.

4 Q. So those two are tied for number one bad
5 guys?

6 A. Yes. And then close behind is Rose
7 Gubitosi-Klug.

8 Q. Rose -- spell that.

9 A. G-U-B-I-T-O-S-I, K-L-U-G.

10 Q. Close behind. Anybody else?

11 A. There are other people who did minor
12 things here and there, but I think that would be
13 petty. They influenced the rest of the department
14 to treat me badly, but I think those are the
15 instigators.

16 Q. Did any of these three bad guys, did any
17 of them use any racial slurs?

18 A. Slurs, no. But insensitive language,
19 yes.

20 Q. Well, I'll ask you at the end about any
21 of those things.

22 Was there any racial slurs?

23 A. No.

24 Q. Was there anything as to -- aside from
25 you need to work through your anxiety. Was there

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1 any slurs, I guess, towards your --

2 A. They didn't say work through it; they
3 said get over it.

4 Q. Okay.

5 Was there any slurs?

6 A. No.

7 Q. I guess, just in terms of any
8 inappropriate comments, and I understand that you
9 say, Hey, they asked you to do things that you
10 thought were maybe -- but any inappropriate
11 comments, tell me that.

12 A. Inappropriate? Yes. One thing that he
13 told me -- Dr. Uli told me, that African American
14 people have wild, unruly hair. Then, also, both
15 Dr. Uli and Dr. Gubitosi-Klug told me that not
16 having a research project, normally, isn't
17 something they do for fellows, but for people like
18 me it's appropriate.

19 Q. Anything else?

20 A. I'm sure there's more, but I don't
21 remember.

22 Q. Dr. Uli, I guess, on the hair, how did
23 that come up in conversation? I have to believe
24 there was some context to that.

25 A. Yes. There was a patient who, she was

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1 areas, and this is the way we're going to do it.
2 Could that be the case?

3 A. No, because they would have brought that
4 up to me, first of all. And secondly, that
5 doesn't excuse the behavior once I was there.

6 Q. Okay.

7 Well, I guess I would say, I understand
8 that, obviously, again, grading, if I got a C in a
9 course or if I didn't get an A, I might not be
10 happy with it. But sometimes poor grades are
11 warranted, right?

12 A. Right. And I understand that -- I'm not
13 claiming that I'm perfect. I did have room to
14 improve. But once again, they were using
15 arbitrary methods of evaluation, and they were
16 grading me much harsher than my peers.

17 Plus, on top of that, I was suffering
18 from anxiety, and the Americans With Disabilities
19 Act clearly states that you can't use an
20 evaluation tool if the disability is interfering
21 with the item that's being tested.

22 Q. So you think that the disability would
23 say that you're automatically excluded from
24 anything that would be impacted by your anxiety?
25 They can't grade you on it.

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1 not?

2 A. It's indirect. Not to evaluate your
3 performance in case conference. I could be
4 evaluated, just not the unrehearsed part.

5 Q. So then it goes into the -- based on this
6 letter, UH believes that's an essential function
7 of your position, do you agree?

8 A. I disagree. But, yes, according to this
9 letter, that's what they believe.

10 Q. And then UH ultimately said, because this
11 is an essential function, you're saying you can't
12 do that essential function, we're going to put you
13 on a leave of absence?

14 A. Correct.

15 Q. And that's when we talk about, from July
16 1, 2012 on, you didn't have any contact with the
17 fellowship program?

18 A. Nothing that I can remember.

19 Q. Okay.

20 Were you trying to return? What was your
21 plan? When they put you on the leave of absence
22 July 1, what was the plan?

23 A. The plan was to try and return.

24 Q. How so, though, is what I'm saying? Was
25 it to try and return because you thought you could

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1 then start doing the unrehearsed?

2 A. No. To get my accommodations that were
3 due to me and to return to the fellowship program.

4 Q. So it was really just simply saying, you
5 didn't expect that you were going to be able to do
6 the unrehearsed. You wanted them to change it
7 through legal means, essentially, is what you
8 decided?

9 A. I don't know about the legal means. But,
10 yes, I wanted them to give me the accommodations
11 that were appropriate for my condition, and I
12 wanted to return to the fellowship program.

13 - - - - -

14 (Thereupon, Deposition Exhibit 9,
15 June 22, 2012 Letter, was marked for
16 purposes of identification.)

17 - - - - -

18 Q. And it looks like, again, I know you
19 didn't ask for it, but it looks like they did put
20 you on a medical leave of absence or at least an
21 approved leave of absence. So if you were able to
22 return to the program, you would restart the
23 fellowship program, right?

24 A. I don't know about that.

25 Q. Well, you were on a leave, and at this

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1 point in time you had actually resigned to be out
2 of the program, right?

3 A. No, I had not resigned at that point.

4 Q. I mean, obviously, when you resigned that
5 meant something. You were still part of the
6 program in July 2012, even though you weren't an
7 active participant, right?

8 A. Okay.

9 Q. Right?

10 A. I assume so. I don't know.

11 Q. Obviously, they gave you an approved
12 leave of absence. It wasn't like they said, We're
13 terminating you and we can't accommodate you and
14 we're terminating you.

15 They said, We're going to put you on
16 leave, and as you said, you were going to continue
17 to try to see if you could get those
18 accommodations -- I guess, get the accommodations
19 you requested or somehow something changed, right?

20 A. Correct. Although, this does not state
21 that the leave of absence was approved. This is
22 telling me the steps I have to do to get this
23 leave of absence, which I did not do since I
24 didn't request the leave of absence.

25 Q. Oh, you didn't follow through and do any

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1 in later 2012?

2 A. Yes.

3 Q. Did anything happen, aside from the fact
4 that you were obviously upset once you went on
5 your -- I'm going to call it a leave of absence.

6 A. Okay.

7 Q. You, obviously, disagreed with it. But
8 did you have any contact with Dr. Uli or any of
9 the physicians or attendings during that time?

10 A. Not that I recall.

11 Q. So --

12 A. Actually, let me back up. I did have
13 contact with Teresa Zimmerman, who is not involved
14 in this. She actually treated me relatively well.
15 We had done a project together, and she was
16 presenting the poster for the project, and she
17 asked me to help her with that. So I did meet
18 with her on a couple of occasions.

19 Q. Was she a fellow or what was --

20 A. No, she was an attending.

21 Q. She was an attending?

22 A. Yes.

23 Q. So understood there.

24 So I think we've gone through everything
25 that you've said about the discrimination.

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1 stuff post, and wrap up with that?

2 MR. BEAN: I'll do whatever everyone else
3 wants to do.

4 THE WITNESS: I'm fine with either.

5 MR. BEAN: I mean, is this a natural
6 breaking point?

7 MR. CAMPBELL: I would think now is
8 probably the time to take -- if we're going to
9 take a lunch break, I'd say now.

10 (Recess taken.)

11 Q. So when we left, we were going to talk
12 about performance. I guess, you had the break.

13 Is there anything you want to add, or
14 anything else, or are we all set to go?

15 A. Not that I can think of at this time.

16 Q. Thanks.

17 - - - - -

18 (Thereupon, Deposition Exhibit 11,
19 Remediation Plan For Alison
20 Matthews, was marked for purposes of
21 identification.)

22 - - - - -

23 Q. So I've handed you what's been marked as
24 Exhibit 11. I think this is one of the documents
25 you provided.

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1 A. It looks like it is, yes.

2 Q. And I saw it, it was also -- without the
3 handwriting, it was something we provided to you.
4 And it looked like, on this left-hand column, did
5 you keep a notebook? Or how were these kept? Was
6 that by you or --

7 A. Yes, I kept a notebook.

8 Q. Is this you or your counsel? Is this
9 something that you kept?

10 A. Well, I made it and provided it to
11 counsel.

12 Q. What did you do, like, keep a notebook of
13 all the documents or all the performance
14 documents? Or what did you do?

15 A. I kept a notebook of everything I could
16 -- once I saw things weren't going well, I kept
17 everything that I remembered to.

18 Q. It looks to me that this was given to you
19 in June 2011.

20 A. Yes.

21 Q. Well, I see that first sentence, "I met
22 with Alison Matthews on June 29, 2011."

23 A. Although, Dr. Uli does have a habit of
24 making documents prior to the fact and putting
25 dates on them. So I don't know if it was actually

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1 that date, but it was probably around that time.

2 Q. Okay. That's fine.

3 That's why I said June 2011. Do you
4 disagree with that?

5 A. I don't disagree with that, no.

6 Q. So it was about a year before you went on
7 the leave of absence, right?

8 A. Correct.

9 Q. So let's look at this. At this point in
10 time, I take it -- I guess, and the handwriting is
11 yours?

12 A. The little sticky notes, yes, those are
13 mine. The one at the bottom, I'm not sure who
14 wrote that. That might have been my first
15 attorney.

16 Q. Okay.

17 So if we look at the end, it was your
18 writing, at the time, when you signed it on August
19 9, 2011, right?

20 A. Yes.

21 Q. So I guess, is that your -- so can you
22 read that into the record, just so I understand,
23 where it says, "I agree to present."

24 A. It says, "I agree to present cases/review
25 topics during the divisional conferences.

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1 A. Okay.

2 Q. The first one, "Clinical evaluations from
3 six faculty members from January through June
4 2011."

5 Did I read that right?

6 A. Yes.

7 Q. So this was about six months into the
8 program for your second six-month tenure in the
9 program, right?

10 A. Well, that was when it happened. But
11 lots of times, the evaluations wouldn't be from
12 any specific period of time, or would represent
13 one instance. This was, I believe, the first
14 evaluation I had ever received in the program.

15 Q. At least from what they're saying --
16 first of all, they're saying, "Inadequate progress
17 over her first year as a fellow in clinical
18 knowledge and skills."

19 Did I read that right?

20 A. You did.

21 Q. And when I looked at the back it, seemed
22 to say that you said, I have the knowledge and
23 skills, it's just that I don't always let you know
24 because I might be quiet.

25 Is that generally --

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1 A. Yes. And my anxiety tends to make that
2 more difficult for me to speak my knowledge. And
3 at that point -- and I agree now, still, that I'm
4 sure there was room for me to improve. However,
5 just the way it was structured with all the
6 discrimination against me, the abuse, the unfair
7 expectations, that I was unable to meet my true
8 potential. And I think had I been evaluated on an
9 equitable scale, that wasn't different from the
10 rest of the fellows, I would have done much better
11 on my evaluations.

12 Q. Okay.

13 Well, we'll talk about it. I'll give you
14 the chance. But what I was talking about there is
15 I think your writing, itself, says that, I have
16 the knowledge. And you're even saying now that
17 maybe you didn't have it all, there was areas to
18 improve.

19 But your writing, that you gave to
20 Dr. Uli, is I had the knowledge, but I agree, I
21 might be quiet at times and you don't know I have
22 the knowledge because I'm not telling you, right?

23 A. Yes, I agree. Sometimes they wouldn't
24 necessarily see what I knew because I didn't say
25 anything.

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1 However, to my knowledge, it is still there. The
2 last time I requested my file, those were in there
3 still.

4 Q. Then the remediation plan, they're
5 telling you to do a number of things. I guess, I
6 got -- count out seven remediation plans, and then
7 how to track progress and additional resources
8 identified to assist Alison.

9 Did I read those right?

10 A. Yes. Which Dr. Uli failed to provide for
11 me.

12 Q. So I guess I would say, at the very
13 least, it looks to me as if this is a pretty
14 detailed plan. And you may not agree with
15 everything, but most certainly, Dr. Uli and the
16 faculty members are saying, Hey, this is where we
17 see your deficiencies and how we want you to
18 improve, right?

19 A. That's maybe what they're saying. But
20 what I'm saying is this plan was not followed. I
21 agreed to follow the plan, even though I disagreed
22 with the subject of it. But I was unable to
23 follow the plan because they wouldn't hold up
24 their end of the bargain.

25 Q. Well, I mean, I guess I would say, a lot

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1 being discriminated against within the program,
2 treated poorly, and, frankly, abused by many of
3 the faculty members. So that affected my
4 performance, as well.

5 Q. That did. Okay.

6 So I take it from all of that, you do, at
7 least, admit that your performance was down, but
8 you blame it on other factors --

9 A. I don't think it was as down as the
10 grading -- these are arbitrary grades. But I
11 think I could have done better had I been at a
12 more supportive environment, that treated me
13 fairly and equitably to my peers.

14 - - - - -

15 (Thereupon, Deposition Exhibit 13,
16 Performance Alert Notice, was marked
17 for purposes of identification.)

18 - - - - -

19 Q. Exhibit 13 looks like -- and you're
20 welcome to look through it. But this one looks
21 like it was given to you just before your
22 accomodation request. February 29, 2012.

23 A. I don't believe that was the date. But,
24 yes, it was given to me.

25 Q. Well, do you agree it was in 2012?

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1 A. Yes.

2 Q. Okay.

3 And from the -- if we look at the --
4 start on the back page. It looks like this is
5 Dr. Uli's writing?

6 A. It is.

7 Q. And it says, in the second paragraph, I
8 believe it reads, "After reviewing its contents,
9 Dr. Matthews refused to sign it."

10 Do you agree with that?

11 A. I do.

12 Q. "She stated that she would consider a
13 six-month extension of her fellowship but refused
14 extension for 12 months."

15 Did I read that right?

16 A. Yes.

17 Q. So Dr. Uli, at the end of this, is
18 saying, We, as a faculty -- I guess, correct me if
19 I'm wrong. We, as a faculty, see that there's
20 some deficiencies or performance areas that we
21 think could improve if we extend your fellowship.

22 A. That's what he said.

23 Q. Did you agree to extend it by six months?

24 A. No. I said I could possibly, if they can
25 show me objective measures of deficiency, and they

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1 could stop the discrimination, appropriate
2 accommodations for my disability, and stop
3 treating me poorly, I would consider extending the
4 fellowship for a maximum of six months.

5 Q. Well, you understand that if you didn't
6 extend and you didn't meet the standards, as the
7 faculty set, you wouldn't have graduated or you
8 would have been taken out of the program.

9 Did you understand that?

10 A. Yes. But I'm meeting the standards, I
11 think, of unequitable measures. So it wasn't fair
12 to say I wasn't meeting the standards.

13 Q. Well, let's go through what they're
14 saying to you at this point. Now, this is a
15 performance alert notice and it says, on Page 1,
16 it's to officially inform you of our concern
17 regarding your performance as a resident.

18 Did I read that right?

19 A. You did. Although, may I just tell you
20 what the performance alert is supposed to be?

21 Q. I'm sure you have your opinion of it.

22 A. It's not an opinion. It comes directly
23 from the UH handbook.

24 A performance alert is supposed to
25 identify an area of concern, specific incident,

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1 A. Well, shortly thereafter I was forced out
2 of the program, so I didn't have the opportunity
3 to follow them had I wanted to or not.

4 Q. Were you planning on following them?

5 A. I hadn't looked at them closely. I
6 hadn't decided yet. I mean, obviously, I wanted
7 to do as best as I could, so chances are I
8 probably would have, but I don't know. I didn't
9 have the opportunity to decide one way or the
10 other.

11 Q. And you think that the one accomodation
12 that you were speaking, was going to cure all of
13 those deficiencies that they said.

14 Is that your view?

15 A. Not cure them. But, first of all, I
16 disagree that all of those deficiencies was the
17 way they were. But, yes, I think I would have
18 improved much better. And if they had stopped
19 harassing and discriminating against me, I would
20 have had the opportunity to learn in a fair
21 environment and I would have flourished.

22 Q. Okay.

23 - - - - -

24 (Thereupon, Deposition Exhibit 14,
25 Summary of Group/Fellow Evaluations,

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1 was marked for purposes of
2 identification.)

3 - - - - -

4 Q. You've been handed what's been marked as
5 Exhibit 14. This one looks like it's a summary of
6 evaluations. And try to go through and identify
7 the group in comparison to you on many of these
8 things.

9 So this actually gives you what the group
10 was doing. I guess it's going through all of your
11 interpersonal, group is average score of all --
12 fellows represented average score of all -- so
13 it's going through and giving you your performance
14 in relation to your peers, right?

15 A. That's what the document appears, but I
16 don't know for sure.

17 Q. You don't know for sure.

18 Did you think that your performance was
19 good or bad or did you just --

20 A. Well, I think my performance, based on
21 these scales, couldn't be probably evaluated. I
22 thought I was a competent physician, and I did the
23 best of my ability. But I don't think these
24 grades represent any of that because I was being
25 graded by people who were actively discriminating

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1 against me.

2 Furthermore, the testing is being -- the
3 results of the tests are muddled by my disability,
4 which has not been accommodated for. So once
5 again, these aren't really compliant with the ADA.

6 Q. Okay.

7 So can we agree that based upon the
8 percentages that have been put here, that you're
9 below the group on almost every one, if not every
10 one?

11 A. That's what this looks like.

12 Q. And if we get into the comment section,
13 there's a few positives, but a lot of them are --
14 like, medical knowledge, there's a number of
15 negatives on medical knowledge. I mean,
16 explanation, you have two out of five on medical
17 knowledge, it looks like. Many, many of these,
18 right?

19 A. That's what it looks like.

20 Q. And one of them, for example, "Speak up.
21 We don't know what you are thinking if you don't
22 share your differentials. This is improving in
23 one-on-one meetings."

24 Did you agree or disagree with that?

25 A. Yes. Because as I mentioned, my anxiety

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1 Q. So, I guess, let's go to a couple more
2 documents here as to it.

3 - - - - -

4 (Thereupon, Deposition Exhibit 15,
5 EEOC Notice of Charge of
6 Discrimination, was marked for
7 purposes of identification.)

8 - - - - -

9 Q. So we're now post -- you've resigned,
10 you've moved on, and you filed a charge here and
11 it says retaliation, disability, race, and color,
12 right?

13 A. That's correct.

14 Q. Now, first of all, retaliation. I think
15 we can agree that you complained -- I think you
16 said you raised very early in your fellowship
17 alleged discrimination, right?

18 A. Yes.

19 Q. So, I mean, it was from day -- like what,
20 two months in? A month and a half in?

21 A. Probably about a month in is when I first
22 started to notice the disparate treatment.

23 Q. Okay.

24 And you continued to raise those issues
25 throughout?

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1 A. I did.

2 Q. And this isn't like, all of a sudden, you
3 were performing stellar, you complain, and the
4 next day it went off the cliff. This is from the
5 get-go you complained, right?

6 A. Well, I noticed the poor treatment about
7 a month or two in, and then I'd say approximately
8 two months or so later is when I first began
9 complaining.

10 Q. And when you say first began, you
11 complained lots?

12 A. Yes.

13 Q. Now, let's talk about the other issues
14 here. And it says -- and when I say lots, I mean,
15 you complained to different people on different
16 times, in response to evaluations, in response to
17 accommodations. I mean, you complained
18 repeatedly.

19 A. Well, I lodged complaints about my
20 treatment. I wasn't simply whining. I went to
21 the appropriate people to get my situation
22 rectified.

23 Q. When I say complained, you alleged
24 discrimination on a variety of bases --

25 A. Yes.

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1 Q. -- a number of times throughout your
2 employment?

3 A. I did.

4 Q. Okay.

5 Early, often, and everything in between,
6 right?

7 A. Correct.

8 Q. So now let's talk about your charge. And
9 the second paragraph there, in the particulars,
10 and this one says you complained, first of all, in
11 November of 2010, is that about right?

12 A. That's approximately correct, yes.

13 Q. May have been earlier?

14 A. May have been earlier. But it was in the
15 fall of 2010.

16 Q. And then from there, there's lots of
17 complaints, right?

18 A. Yes.

19 Q. And it says here, "The other staff
20 doctors" -- when you say other staff doctors, are
21 you talking about the other five fellows?

22 A. Let me see. What paragraph are you
23 referring to, please?

24 Q. It says, "Held to different standard by
25 staff doctors than white, Indian, and Asian

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1 Q. And then the women that were in the other
2 seven or eight, you're saying, were white, Indian,
3 and Asian?

4 A. That's correct.

5 Q. How many white? How many Indian? How
6 many Asian?

7 A. I don't know off the top of my head. I
8 know that there were two Indian, one Asian, and
9 the rest were Caucasian. But there were at least
10 three or four white fellows, but I can't tell you
11 exactly how many.

12 Q. So different races and national origins
13 were all treated better than you, you're saying?

14 A. That is correct.

15 Q. When you were looking at the applicants,
16 you said there were very few men. How many
17 African American females or men were in those
18 applicants --

19 A. I don't remember.

20 Q. You don't remember?

21 A. No.

22 Q. Did you see any others?

23 A. I don't remember.

24 Q. Well, I guess, let me ask you, you said
25 that it wasn't discrimination as to men. But I'm

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1 A. Correct.

2 Q. And then you said you applied for this
3 other position at another department. "I was
4 asked by Marci Manson to resign." I mean,
5 obviously -- I guess, let me ask you, I mean, you
6 understood that as the fellow if, for example --
7 let's say you're on a different type of leave --
8 you definitely could not be full-time at some
9 other position and be a fellow, right? I mean,
10 you had to be a fellow full-time?

11 A. Not necessarily, I wasn't acting as a
12 fellow at the time.

13 Q. I understand. But you told me that you
14 wanted to come back. So if you were actively
15 working to be a fellow, it's pretty difficult to
16 be full-time in something else?

17 A. However, at that time, it wasn't looking
18 very promising that I was going to get back. I
19 did need employment. I couldn't be unemployed for
20 an extended period of time, so I had to look for
21 other options.

22 Q. Well, I guess what I'm saying is, it
23 certainly doesn't seem to me to be unreasonable to
24 say you need to make a decision. If you're going
25 to go work full-time somewhere, you can do that,

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1 it's just you can't be in the fellow program,
2 taking up a spot, and working full-time somewhere
3 else.

4 A. Okay.

5 Q. Right?

6 A. That's correct.

7 Q. So you made the decision, you said, I
8 need another job and I'm going to go get that job,
9 and I'll resign to go get a full-time job.

10 A. No. What happened was I started looking
11 at jobs to see -- basically weigh my options.
12 Ideally, I was going to get back into the
13 fellowship program, but since that wasn't looking
14 very promising, I had to look for other options to
15 support myself and my family.

16 Q. Okay.

17 But you made the decision, I'd rather
18 work at Ohio Health, UH, or someplace full-time
19 than to continue to wait to get back into the
20 fellow program?

21 A. No, because I didn't have any money
22 coming in. I had to do something. And since I
23 couldn't get back into the program, I was
24 essentially forced to find another job.

25 Q. Okay.

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1 everybody was starting at the same time, you and
2 your fellow fellow would have both gotten the
3 orientation?

4 A. No. She was taken aside and given a
5 special orientation.

6 Q. A special. So it wasn't the standard.
7 She got some special?

8 A. I don't know about that. But I know she
9 was given an orientation, where I was not.

10 Q. I guess I can't imagine that you got
11 there and nobody said this is the way this process
12 is going to work, and what's expected of you. You
13 met -- you talked with Dr. Uli over and over
14 again, you met with other faculty members. You
15 never said to them, what's expected of me and tell
16 me about this?

17 A. Well, sure, I asked about that, but I was
18 not given an orientation. That's different.

19 Q. I mean, at a certain point -- I mean, I
20 get it. But come on, they just brought you in,
21 and they somehow decided that we'll bring you in
22 just to make you fail -- I mean, at some point
23 logic has to tell you that maybe that wasn't due
24 to your race, maybe it was due to people don't
25 typically get orientated.

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1 A. No, everybody else got orientation.

2 Q. You're a doctor. You're coming in as a
3 doctor. You were already able to treat patients.
4 You're in the fellowship program to do it.

5 I mean, you didn't figure out, pretty
6 quickly, what's expected of you?

7 A. I was able to figure it out. However, it
8 put me at a disadvantage because everybody else
9 got that orientation and they knew and didn't have
10 to do it by trial and error?

11 Q. And then the scheduling of these things.
12 From what I hear -- I mean, I'm going to be honest
13 with you, I don't think there's any way they could
14 have done this better, unless they just gave you
15 all perfect, that you were going to be happy. I
16 mean, anything they did, you were going to say you
17 were being treated differently, right?

18 MR. BEAN: Objection.

19 A. No, I disagree.

20 Q. You disagree.

21 And I looked at it, you had broad-based
22 performance issues. These issues about you not
23 being able to communicate may have -- and you're
24 saying that your medical knowledge really wasn't
25 as poor as they believed, it's just that they

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1 never pried it out of you?

2 A. Not that they never pried it out of me.
3 They never used a proper tool and let me be
4 evaluated in a method that would allow me to show
5 my knowledge due to my disability.

6 Q. Due to your disability. Okay.

7 Do you agree that there is a certain
8 point of the fellowship program that the faculty
9 members are going to determine whether or not --
10 how they want to teach?

11 Do you agree that there's a certain
12 amount of discretion, at least, to the faculty
13 members?

14 A. There's a certain amount of discretion,
15 but there shouldn't be any discretion in treating
16 fellows equitably, and I was treated much
17 differently than my peers.

18 Q. Would it surprise you that every
19 fellowship program in the country is going to have
20 some form of impromptu question and answer, where
21 you have to communicate and you have to go through
22 discussions with your fellow fellows and your
23 physicians and faculty members?

24 MR. BEAN: Objection.

25 A. I don't know how other fellowships run.

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1 Q. Do you know of any fellowship program
2 where somebody can say, I'm going to dictate to
3 you the method that you're going to teach me?

4 A. I don't know of any fellowship programs,
5 how they run.

6 Q. Okay.

7 And I guess I'd say -- let's talk about
8 where we're at. I mean, this isn't -- I get if
9 this is elementary school, and you say, I need to
10 be taught a certain way. That's something that
11 everybody goes to, everybody has a right to go to,
12 and here it is. This is a fellowship program.
13 You were going there to get an additional benefit
14 to your career, right?

15 A. Well, to avail myself to a different sort
16 of career.

17 Q. Okay.

18 Well, you didn't have to go, right?

19 A. That's correct.

20 Q. You were a doctor before, during, and
21 after, right?

22 A. Correct.

23 Q. You could get a job, and it's
24 demonstrated, over \$100,000, at any point and
25 leave that fellowship program, right?

Alison O'Donnell

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1 A. Correct.

2 Q. You could have gotten it before you went
3 through the fellowship program, right?

4 A. Correct.

5 Q. So here's a fellowship program, it's
6 voluntary. You volunteered for it, right?

7 A. Correct.

8 Q. And they're trying to say, Hey, here's
9 value, come to us and give three years of your
10 life and your career and only earn \$50,000 a year,
11 and join this fellowship program, right?

12 A. Well, can you break that up? You said a
13 lot of things there.

14 Q. Well, I guess I would say, a part of it
15 is they have to convince the doctor who is through
16 the residency program, and can go work at Akron
17 Children's and be board certified and make
18 \$230,000, to forego \$180,000 a year to work in a
19 fellowship program, right?

20 A. Well, that's a means to an end.

21 Q. I understand that's a means to an end.
22 But it is -- that's a hefty difference. So you're
23 coming in, most certainly they're saying that we
24 want to have, as a means to an end, as well, they
25 want to have the best people out there. And if

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1 you're going to be a fellow in UH endocrinology,
2 they want to make sure that you're the best,
3 right?

4 A. I don't know what they're thinking.

5 Q. You don't know what they're thinking.

6 I guess I'd say, from my standpoint, it's
7 hard for me to see how this program, that you
8 agree they have to meet standards that are set on
9 a national basis, right?

10 A. That's correct.

11 Q. So you agree that they had to set up a
12 program that would, at the end of the day, you had
13 to pass your boards, as well as pass all of their
14 certification program, right?

15 A. Wait, break that up, because that's two
16 separate questions.

17 Q. To get through the fellowship program,
18 you absolutely had to pass your boards before you
19 got through, right?

20 A. No.

21 Q. You did not?

22 A. You did not.

23 Q. You're saying what, that you passed the
24 fellowship program, and then how long did you have
25 the boards?

Alison O'Donnell

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1 A. Well, you can pass the fellowship program
2 and not take the boards for -- the American Board
3 of Pediatrics gives you, now it's five years, but
4 back then it was up to, I believe, ten years to
5 get those boards in.

6 Q. I'm talking about the fellowship program.
7 If you were going to get out in three years, you
8 had to have your boards before the fellowship
9 program --

10 A. No, that was a new requirement. When I
11 came into the program, you had to either be board
12 certified or board eligible. And I would have
13 been board eligible, even if I had not taken my
14 boards.

15 Q. Okay.

16 Well, they asked you to pass your boards,
17 right? They wanted you to do that, they wanted
18 you to do it sooner than the --

19 A. Yes. But once again, that was a
20 discriminatory act because nobody else was
21 required to have their boards in the fellowship
22 program. In fact, another fellow failed her
23 boards, and that was not an issue for them.

24 Q. And then the fellowship program, you do
25 agree that you had to ultimately meet standards,

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1 right?

2 A. Correct.

3 Q. Everybody had to?

4 A. Yes. Although, they made mine different
5 from everyone else's. But, yes, standards should
6 be met in the program.

7 MR. CAMPBELL: Let's take a short break.
8 I think we're just about done here.

9 (Recess taken.)

10 Q. Okay.

11 Let me just ask you a couple final
12 questions on this. The witnesses -- your other
13 fellows, anybody else?

14 A. Not that I know of at the time.

15 Q. And if we talk about your -- just to
16 verify, from early 2013, you've been working
17 full-time, right?

18 A. I believe so, yes.

19 Q. And most certainly, if the fellowship
20 would have been extended by six months, or by
21 whatever amount of time, you earned more leaving
22 the fellowship program at Ohio Health than you
23 would have in the fellowship program, at least for
24 that period of time, right?

25 A. I believe so, but I don't know off the

Allison Matthews
13700 Shaker Blvd. #210
Cleveland, OH 44120

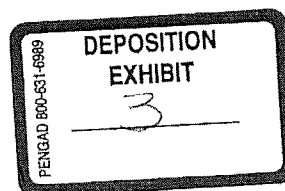
12/16/2012

To Whom It May Concern:

I hereby tender my resignation from the Pediatric Endocrinology Fellowship program.

Thank You,

Allison Matthews



Case Western Reserve University
University Hospitals / Rainbow Babies & Childrens Hospital

DIVISION OF PEDIATRIC ENDOCRINOLOGY

EXPECTATIONS OF FELLOWS

A. TRANSITION INTO THE FELLOWSHIP:

- We anticipate incoming fellows will face many challenges in transitioning from residency training which is broadly focused on general pediatric practice, to fellowship training in a subspecialty, with its narrower scope but greater depth.
- In addition, changing to a new geographic location and institution, as well switching from the mode of a competent senior resident to that of a novice fellow can also be challenging.
- Members of the faculty, existing fellows, nurses and allied staff in the division are great resources in facilitating a smooth transition for incoming fellows.
- New fellows are expected and encouraged to actively seek help from their peers and others in the division in any matter they have doubts about.
- In turn, as fellows become more experienced, they are expected to offer a helping hand to their peers and others around them.
- Members of the division take pride in their collegial working relationships and expect all physician and allied staff to share responsibilities and actively contribute to the maintenance of a positive working environment.

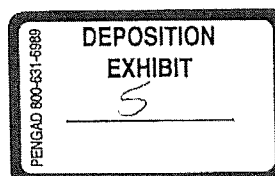
B. OVERALL EXPECTATIONS:

- The objective of the fellowship program in pediatric endocrinology at UH Rainbow Babies & Children's Hospital is TO TRAIN QUALIFIED CANDIDATES AND PREPARE THEM FOR SUCCESSFUL ACADEMIC CAREERS.
- During their training, it is expected that fellows will DEMONSTRATE INITIATIVE IN THEIR EDUCATIONAL PURSUIT TOWARD DEVELOPING COMPREHENSIVE CLINICAL KNOWLEDGE AND SCHOLASTIC SKILLS, utilizing the resources provided and active self-directed learning.
- It is expected that every fellow will have a first-authored peer-reviewed publication resulting from their research project by the time he/she has completed fellowship training. In addition, fellows are encouraged to collaborate with members of the faculty in publishing review articles and presenting abstracts at national meetings.
- We expect all fellows to meet eligibility requirements specified by the American Board of Pediatrics, including clinical competence and scholarly activity work product, and PASS THE PEDIATRIC ENDOCRINOLOGY SUB-SPECIALTY BOARD CERTIFICATION EXAMINATION.

C. EXPECTATIONS IN THE OUT-PATIENT CLINICS:

Before clinic:

- Review your schedule several days in advance, as well as the evening before — schedules might have changed.
- Review available records in patient charts. If necessary records are not in chart, work with chart room personnel to obtain them.



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- Read up on interesting diagnoses you will encounter in clinic the following day -- first in the textbook, then seek review articles and relevant primary literature.

At clinic:

- Even if you have unfilled slots, make it a point to be at clinic at 8:00 AM (Landerbrook, Lane) or 8:30 AM (Westlake, Medina).
- If and when you have open slots, no-shows and cancellations:
 - Look at schedules of attendings and seek interesting patients to see. This will enhance your clinical experience and greatly help in maintaining clinic flow.
 - Look out and help co-fellows who have full schedules and may be running behind.
 - Look out and help diabetes nurses who may be running behind.
- **Time yourself appropriately** with the patient, leaving yourself enough time to get a history, perform an examination and precept with an attending.
- Prescriptions are best filled at clinic, rather than having to call them in later.
- Complete the "Consultation Response Letter" on new patients and fax to referring PCP before you leave clinic.
- Dictate the clinic encounter before you leave clinic. Since the information is fresh in your mind, your dictated record will be more accurate and the process of dictation will be efficient.
- POINTS TO REMEMBER ABOUT THE DICTATED CHART NOTE:
 - It serves many purposes, mainly as medical documentation of the clinic encounter.
 - It is a means of communication with the referring PCP, and among other colleagues.
 - The dictated note should permit efficient review of past encounters.
 - It should reflect the level of billing for the patient encounter, in documenting the extent of history, physical examination points and complexity of medical decision making.
 - Consultations and new patients need detailed dictations, follow-ups can be concise.
 - The assessment should be detailed, and reflect your thinking of the patient's problems and factors contributing to them.
 - Consider documenting the assessment and recommendations/plan sections as a numbered list, to ensure comprehensiveness and ease of readability.
 - The dictated note is part of the permanent legal record for that patient.
 - All medical records must be accurate, timely, reliable and properly maintained in accordance with the UH document retention policy.

After clinic:

- Keep a running list of patient diagnoses you have encountered, classified by endocrine organs and specific conditions.
- Make a list of patients you see in clinic, along with labs and other studies ordered.
- Review the patient's labs with the attending who saw the patient with you, **WITHIN 2 WEEKS OF THE CLINIC ENCOUNTER.**
- Make it a point to always **personally read bone age x-rays you order**, with the attending who saw the patient with you.
- Edit your dictations electronically, incorporating results of labs and radiographic studies, review with attending and sign.

D. EXPECTATIONS ON THE IN-PATIENT SERVICE AND CONSULTATIONS:

- Pre-round on patients on the endocrine service and active consults, and update your notes prior to rounding with attending.
- Coordinate rounds with diabetes nurse educators and dietician.
- Fellows in their second and third year of training are **expected to take the lead in running the daily ward rounds**, completing and following up on consultations, and coordinating multi-disciplinary discussions when necessary.

- Review consultation notes from other specialists who have been asked to provide input on your patients.
- DISCHARGE SUMMARIES SHOULD BE DICTATED THE SAME EVENING AS THE PATIENT'S DISCHARGE, when your memory is fresh regarding details about the patient.
- Keep an updated list of patients on service and active consults, in order to ensure efficient and comprehensive hand-off of service between fellows and attendings.
- Monitor and sign the stack of prescription refills next to the secretaries' desk.
- Assist members of the faculty in timely submission of in-patient billing documents.
- BEEPER CALLS SHOULD BE ANSWERED PROMPTLY, irrespective of whether the call is from office personnel, other members of the medical staff or patients and their families.
- During the first 6 months of fellowship, it is expected that fellows will consult their supervising attending for ALL of the calls they receive. Documentation of the content of phone calls must be reviewed by the attending within 24 hours.
- As fellows become more familiar with the management of most endocrine disorders in general and diabetes in particular, they can assume more independence in answering beeper calls. However, all admissions to the endocrine service as well as consultations from other services must be communicated with and staffed by the attending in a timely manner.

E. EXPECTATIONS AT EDUCATIONAL AND ADMINISTRATIVE MEETINGS:

- ATTENDANCE IS COMPULSORY at all weekly divisional conferences and other required educational and administrative meetings, unless the fellow is out of town for vacation or attending national meetings.
- Attendance is monitored by the program director.
- It is expected that all fellows come appropriately prepared when they have assigned topics or articles for presentation at journal club.
- Even when they are not presenting, fellows are EXPECTED TO CONTRIBUTE AS ACTIVE PARTICIPANTS in the discussions.
- As they progress through their training, fellows are EXPECTED TO PLAY AN INCREASING ROLE IN RUNNING THE WEEKLY DIVISIONAL CONFERENCE. Senior fellows are expected to work in conjunction with their supervising attending in deciding on the content of the weekly conference and run it independently.
- ATTENDANCE IS COMPULSORY at all sessions of the CRSP-401 course and the monthly departmental Fellowship Core Curriculum lectures. Attendance is monitored by the fellowship coordinator and program director.

F. EXPECTATIONS REGARDING FELLOWS' SELF-EDUCATION:

- The American Board of Pediatrics Content Outline specifies the body of knowledge and specific elements of knowledge expected for sub-board certification in Pediatric Endocrinology. This document forms the basis of the educational component of the training.
- The textbook "Pediatric Endocrinology, 3rd Edition; Sperling M, editor; Saunders Elsevier, 2008" is the main reading material for meeting the educational objectives of training.
- FELLOWS ARE STRONGLY ENCOURAGED TO READ THE TEXTBOOK IN ITS ENTIRETY IN THE FIRST 12 MONTHS OF THEIR FELLOWSHIP.
- The divisional library has a collection of varied and current reference materials and these are updated regularly.
- The University Hospitals Core Library offers online access to a variety of textbooks and journals.
- The Rainbow Pediatric Library has many printed journals, as well as a dedicated librarian who can assist in literature searches and requesting articles via inter-library loan.

- Faculty and fellows meet twice a month to review topics from the textbook, based on the ABP content outline. The goal is to review the textbook in its entirety over an 18 month period.
- **FELLOWS ARE EXPECTED TO PREPARE IN ADVANCE** when it is their turn to review a topic at the textbook series. This includes reading the textbook as well as compiling relevant review articles and primary literature.
- Fellows are expected to take the Sub-specialty In-Training Examinations (SITE) conducted by the American Board of Pediatrics every March and demonstrate progress in each year of their training. Performance in the SITE is a good predictor of success in the Pediatric Endocrinology Sub-specialty Board Certification Examination upon completion of training.

G. EXPECTATIONS IN RESEARCH:

All fellows are expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy.

BIOMEDICAL RESEARCH EXPERIENCE IS AN INTEGRAL COMPONENT OF THE FELLOWSHIP PROGRAM AND A MANDATED REQUIREMENT TOWARD ELIGIBILITY FOR SUB-BOARD CERTIFICATION IN PEDIATRIC ENDOCRINOLOGY. There are opportunities for pursuing a variety of **clinical and basic science research projects** in the UH Rainbow Babies & Children's Hospital program.

Research-intense track:

- Fellows who are on the research-intense track are eligible to apply to the NIDDK/NIH-funded Metabolism Training Program (MTP) which is administered through the Department of Nutrition at Case Western Reserve University.
- The funding requirements under this grant stipulate a **RESEARCH PROJECT THAT SPANS A PERIOD OF 24 MONTHS**, accomplished over a contiguous period that begins in the second half (seventh month) of the first year and continues through the first half (sixth month) of the third year.
- Fellows have to seek, interview with and be selected by an approved investigator on the MTP grant for a mentored research project. **THIS PROCESS NEEDS TO BEGIN IN THE FIRST 6 MONTHS OF THE FELLOWSHIP.**
- Acceptable MTP research projects range from basic science to clinical, patient-based research.

Clinician-educator track:

- Fellows on the clinician-educator track are **REQUIRED TO CHOOSE A TOPIC FOR THEIR RESEARCH PROJECT IN THE SECOND HALF OF THEIR FIRST YEAR** of fellowship.
- Beginning in the seventh month of the first year, each fellow meets one-on-one with members with the faculty to discuss the fellow's interests, the faculty member's research and possibilities for the fellow's research projects. The fellow reads more, narrows down the options and discusses them with Dr. Gubitosi-Klug and Dr. Uli in order to make a final choice on the research project.
- Fellows have a 3-month block in their first year, during which time they are expected to develop an idea for a research project, formulate a hypothesis or question and strongly encouraged to complete the necessary groundwork toward implementing the project. This includes writing the investigative protocol and Institutional Review Board (IRB) documents.
- They subsequently have a continuous 12-month block (second half of the second year and first half of the third year) dedicated to implementing the research project.

Obligations for clinical service during research months:

- Throughout the duration of the fellow's research time (24 months on the research-intensive track and 15 months on the clinician-educator track), the fellow has decreased clinical obligations, in order TO ENSURE THAT 80% OF THE TIME CAN BE DEDICATED TO RESEARCH.
- During this time, fellows only have 4 half-day or 2 all-day clinic sessions per month, in order to enable them to deliver longitudinal care to their continuity patients.
- They do not have clinical obligations on the in-patient and consultation service during the weekdays, but will be scheduled to provide weekend coverage of the clinical service on a rotating basis, approximately one every 4-6 weekends throughout the duration of their fellowship.
- It is expected that fellows will be on campus for the entirety of every working day during their research months. WORKING FROM HOME ON RESEARCH PROJECTS IS NOT PERMITTED.
- During their research months, fellows are required to participate in all of the divisional academic and educational activities, including the weekly case conferences, journal clubs and textbook chapter review sessions.
- Fellows are also expected to be available to answer clinical questions pertaining to their continuity patients.

Oversight of fellow research activities:

- Research progress is supervised by a Scientific Oversight Committee (SOC) that is unique to each fellow. The American Board of Pediatrics (ABP) specifies that the SOC SHOULD BE IN EXISTENCE FOR A MINIMUM OF 2 YEARS.
- The SOC is responsible for overseeing and assessing the progress of each fellow and verifying to the ABP that the requirement has been met.
- The SOC should consist of THREE OR MORE INDIVIDUALS, AT LEAST ONE OF WHOM IS BASED OUTSIDE THE SUBSPECIALTY DISCIPLINE; the fellowship program director may serve as a trainee's mentor and participate in the activities of the oversight committee, but should not be a standing (ie, voting) member.
- IT IS EXPECTED THAT THE SOC MEETS 2 OR MORE TIMES EVERY YEAR to discuss and document the fellow's research progress and provide feedback to the Program Director.

Funding for fellow research:

- Internal funding is available to pediatric endocrinology fellows for pursuing their research projects from the Department of Pediatrics at UH Rainbow Babies & Children's Hospital through the Fellowship Research Award in Pediatrics (FRAP).
- The Metabolism Training Program funds the research time of fellows on the research-intensive track.
- Depending on the circumstances of the research project, there will also be opportunities to write grant proposals for external funding of research projects.

Expectations from fellow research projects:

- The fellow is expected to PRESENT DETAILS OF HIS OR HER RESEARCH PROJECT TO THE DIVISION AT LEAST ONCE EVERY 6 MONTHS, at the various stages of the project, including planning, implementation of the project and data analysis.
- Fellow research presentations will be scheduled during the weekly divisional conferences, in order to facilitate discussions and input from the divisional faculty, other fellows and members of the fellow's SOC.
- It is expected that the fellow research project will result in a specific written "work product" in order to meet eligibility criteria for board certification.

- Examples of work products acceptable to the ABP include the following:
 - a peer-reviewed publication in which a fellow played a substantial role;
 - an in-depth manuscript describing a completed project;
 - a thesis or dissertation written in connection with the pursuit of an advanced degree;
 - an extramural grant application that has either been accepted or favorably reviewed;
 - and a progress report for projects of exceptional complexity, such as a multi-year clinical trial.
- WE STRONGLY ENCOURAGE OUR FELLOWS TO HAVE A FIRST-AUTHORED PEER-REVIEWED PUBLICATION BY THE TIME THEY COMPLETE THEIR FELLOWSHIP.
- FELLOWS ARE EXPECTED TO SEEK OPPORTUNITIES TO PRESENT THEIR RESEARCH WORK AT PROFESSIONAL SOCIETY MEETINGS at the local, regional and national levels in various formats, including poster sessions and oral presentations.

H. PROGRESSION OF FELLOW RESPONSIBILITIES OVER THE TRAINING PERIOD:

Clinical responsibilities:

- We expect that incoming fellows will function at the level of a novice in the practice of pediatric endocrinology.
- As fellows progress in their training, they will develop competency and proficiency in managing a wide range of complex endocrine disorders.
- Throughout their training, fellows are expected to take primary ownership of patients they follow in the clinic as well as on the in-patient service.
- GRADUATING FELLOWS ARE EXPECTED TO BE COMPETENT TO PRACTICE INDEPENDENTLY AND WITHOUT DIRECT SUPERVISION.
- The following will aid fellows in acquiring clinical competency during their training:
 - Adequate time is provided in the clinics as well as on the in-patient service.
 - All patient encounters of fellows are supervised by attendings.
 - Attendings are available to fellows for after-hours consultation on clinical matters.

Educational Responsibilities:

- Fellows are expected to demonstrate initiative in self-directed learning, which forms the basis of their education during fellowship.
- The orientation sessions in the first 2 months will cover a wide range of basic topics in pediatric endocrinology.
- Fellows should have read the textbook of Pediatric Endocrinology (Sperling, editor) in its entirety by the end of the first year.
- Fellows should make good use of the divisional library, departmental library, institutional online journals and inter-library loan system in expanding their knowledge base.
- The divisional conferences, textbook chapter review sessions and journal clubs offer opportunities to fellows in honing their critical thinking skills.
- At the conclusion of their training, fellows are expected to be able to engage in discussions spanning a wide range of endocrine disorders, of broad scope and sufficient depth. This includes molecular basis of disease, clinical manifestations, comprehensive management and recent advances.

Research Responsibilities:

- During their first year, fellows are expected to generate ideas for a research project, working under the guidance of members of the faculty.
- During their second and third years, fellows will execute and complete their project, supervised by their mentor and Scientific Oversight Committee (SOC).
- It is expected that the research project will result in a first-authored paper as well as presentations at national scientific meetings.

Administrative responsibilities:

- As they progress in their training, fellows are expected to take on increasing administrative roles in both clinical and non-clinical areas.
- Examples include:
 - Leading daily ward rounds.
 - Coordinating multi-disciplinary rounds on the wards when needed.
 - Ensuring patient prescriptions are filled in a timely manner.
 - Third year fellows are in charge of scheduling the weekly divisional conferences, in collaboration with members of the faculty.

I. OPPORTUNITY TO PARTICIPATE AT DIABETES CAMP:

Camp Ho Mita Koda is a residential camp facility in the town of Newbury in Geauga county that is managed by Diabetes Partnership of Cleveland, a non-profit entity. It offers children and adolescents with type 1 diabetes from Northeast Ohio the opportunity to spend 1 or 2 weeks every summer in a fun, residential setting. Camp season typically runs from the third week of June through the first week of August. Medical supervision of campers is provided by voluntary attending staff from various institutions in Cleveland, including pediatric and adult endocrinologists. Trainees (fellows in pediatric and adult endocrinology, residents in pediatrics, internal medicine and family medicine) are an integral part of the medical team, tending to the multiple needs of campers, which range from minor general ailments to activity-related injuries and management of glucose control. While at camp, trainees work closely with the nursing and dispensary staff, and are under the supervision of attending faculty at all times.

Fellows in pediatric endocrinology are strongly encouraged to participate in camp every summer, during sessions that are covered by the Rainbow attending staff. The camp experience is a valuable educational resource that can complement and enhance fellows' experience in diabetes clinics. Managing glucose control of 50-60 campers provides a unique insight into the challenges these children and adolescents face on a daily basis. Fellows will gain significant knowledge in diabetes management by observing blood glucose trends in real-time, particularly the effects of specific foods and activities on blood glucose variability, and the effect of modifying the various components of the campers' insulin regimens on their glycemic excursions. Furthermore, spending a few days in a sylvan setting can be quite relaxing!

J. SUB-SPECIALTY BOARD CERTIFICATION:

- SUB-SPECIALTY CERTIFICATION IN PEDIATRIC ENDOCRINOLOGY BY THE AMERICAN BOARD OF PEDIATRICS IS AN ESSENTIAL PREREQUISITE FOR ALL GRADUATES OF OUR FELLOWSHIP PROGRAM IN ORDER TO FUNCTION EFFECTIVELY IN THEIR ACADEMIC CAREERS. *Only individuals who are international medical graduates and are planning to pursue their careers outside the US are exempt from this requirement.*
- In order to be eligible for sub-specialty board certification, individuals will need to have primary certification by the American Board of Pediatrics.
- Incoming fellows are expected to take their general pediatrics board certification examinations during their first year of fellowship. Accommodations will be made to their clinical schedules to facilitate fellows in taking their examinations.
- During their training in our program, we expect all fellows to meet eligibility requirements specified by the American Board of Pediatrics, including clinical competence and scholarly activity work product, and PASS THE PEDIATRIC ENDOCRINOLOGY SUB-SPECIALTY BOARD CERTIFICATION EXAMINATION.

K. PROFESSIONAL APPEARANCE:

(This is detailed in Section HR-66 of the University Hospitals Policy & Procedure Manual; revised August 2010)

Policy:

- UH believes that a clean and professional personal appearance sets a professional business image. This policy provides guidelines defining appropriate professional appearance standards.
- UH recognizes that different applications of this policy may be necessary depending on the degree of patient contact, customer contact, nature of work, and potential safety issues.
- Workforce members who are unsure about the appropriateness of their attire must consult with their immediate supervisor or Human Resources before wearing the item.

Professional Appearance Standards:

Acceptable dress: Appropriate business attire is required at all times.

Unacceptable dress:

- Micro or mini skirts/dresses.
- Pants: Denim or jean-type slacks, athletic wear, sweat suits (nylon or cotton), shorts.
- Shirts: Tee-shirts; halter tops; low-cut, tube tops; off-the-shoulder tanks; tanks without a jacket; cropped shirts/midribs; undershirts; muscle shirts; flannel shirts.
- Shoes: Flip flops, bare feet, slippers, open-back beach-type shoes, casual sandals, casual boots. To comply with the OSHA Bloodborne Pathogen Standard, only clogs (including "Crocs") without holes on the shoe top can be worn.
- Head garments: Hats or bandana-style scarves. EXCEPTIONS: Surgical caps in operating rooms, religious headwear or safety hats.
- General Clothing: Distressed clothing (dirty, stained, ripped, torn, frayed); spandex clothing; revealing, form-fitting or see-through clothing; clothing that promotes alcohol, religion, tobacco products, racial statements, sexual innuendoes or political viewpoints.
- NOTE: Periodically, for special occasions or fundraising events, management may announce "dress down" days. Examples of appropriate attire during dress down days may be jeans, sweatshirts, and tee-shirts designed for outerwear.

For workforce members in patient care areas:

- Open-toe shoes and sandals are not permitted. Athletic shoes are acceptable.
- Personal headphones are prohibited.
- Jewelry must be professional, unobtrusive and deemed safe in patient care areas.
- Visible piercings must be unobtrusive.

Uniforms:

- If a department requires a uniform, workforce members must adhere to that department's policy.
- Workforce members who want more uniforms than are issued may purchase them at cost.
- Workforce members may only purchase uniforms specific for their job classification.
- Entity-laundered uniforms must not be worn out of the facility.

Personal hygiene and grooming:

All employees are expected to report to work in a clean and hygienic state. An employee may be asked to correct a hygiene problem that is offensive, endangers visitors or other staff members, or

which interferes with the safe or efficient operations of the department. The following are guidelines for appropriate hygiene and grooming:

- Offensive tattoos on visible parts of the body must be covered.
- Aftershave, cologne, perfume or the use of any product that emits a noticeable fragrance may not be worn.
- For employees wearing respirators, including N-95 filtering face- pieces, facial hair that interferes with the sealing surface of the face-piece must be clean shaven prior to donning the respirator (exceptions will be made for employees willing to wear a powered air purifying respirator).
- NOT PERMITTED: Extremes in nail color and length, artificial nails (e.g., acrylic nails, nail wraps) for employees with regular patient contact or in food handling areas.
- PERMITTED: Professional organization and service award pins are permitted.

Procedure:

- Managers are responsible for interpreting and enforcing dress and grooming standards in their areas of responsibility. This includes counseling employees whose appearance is inappropriate.
- Employees may be sent home to correct a dress or grooming issue. An employee will be paid unscheduled paid time off or vacation hours, if available, or will be unpaid.
- Repeated violations of this policy may result in progressive corrective action up to and including discharge.

Naveen K. Uli, MD
March 14, 2012

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CONFIDENTIAL

Confidential employee related medical information.

March 22, 2012

Alison Matthews
13700 Shaker Boulevard
Cleveland, OH 44120

Re: Request for Reasonable Accommodation

Dear Alison:

On March 19, 2012, you informed William Rebello, Manager, Graduate Medical Education of a disability and/or medical condition and requested an accommodation(s) in order to perform the essential functions of your position. You completed the ADA Reasonable Accommodation Form which will allow us to engage in an interactive process and to discuss your disability and/or medical condition with you.

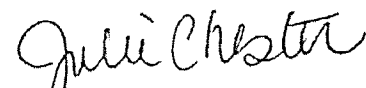
University Hospital complies with the American with Disabilities Act (ADA), the American with Disabilities Amendments Act (ADAAA), and all other applicable laws. In order for us to evaluate your request for an accommodation, we will need following items from you:

1. **Complete the attached Authorization to Release Medical Information Form.** This will allow us to communicate with your health care provider/physician. Please provide a copy of this authorization to your health care provider/physician.
2. **Have your health care provider/physician complete the attached Health Care Provider/Physician Certification Form.** Please have your treating health care provider/physician complete the Health Care Provider Certification Form and describe how your medical condition/disability affects your ability to perform the essential functions of your position. This form can be sent directly to Mary Wilson, Patient Care Advocate in our Corporate Health Department, 11100 Euclid Avenue, Mail Stop: 6029, Cleveland, OH 44106
3. **Confidentiality Statement.** All employee medical information is treated as confidential by University Hospitals. Medical information is maintained separately from an employee's personnel file. Specific medical information is not shared with an employee's manager or supervisor. Managers and supervisors will only be informed of the nature of the accommodation(s) and/or restriction(s) needed. As such, we ask that you not discuss your medical condition with your manager or supervisor.

Once we have received the above information, we will evaluate any restriction(s) and/or accommodation(s) request and respond to you accordingly.

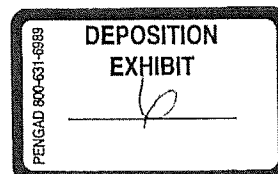
Should you have any questions, please do not hesitate to contact me at 216-844-3426.

Sincerely,



Julie Chester
Director, Human Resources

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Please answer the following the questions to help us determine whether the above named employee has a qualifying disability and whether the employee needs a reasonable accommodation in order to perform the essential functions of his/her position.

1. Does the employee have disability that substantially limits one or more major life activities? Yes ☒ No ☐

If yes, describe the disability and any limitation(s) in detail?

SOCIAL PHOBIA
DIFFICULTIES IN UNKNOWN SOCIAL SITUATIONS

2. Does the employee use any mitigating measures (e.g., medications, assistive technologies, etc.) Yes ☒ No ☐

If yes, how does the mitigating measure affect the disability?

IT'S helping to decrease the symptoms.

3. Does the disability affect the employee's ability to perform any one of the essential functions of the position? Yes ☒ No ☐

If yes, please describe the impact on the person's ability to perform any specific essential function(s). PUBLIC SPEAKING AS CASE CONFERENCE, SPECIALLY UN-REHEARSED

4. Are there any restriction(s) and/or accommodation(s) that would allow the employee to perform the essential functions of the position? Yes ☒ No ☐

If yes, please list the restriction(s) and/or accommodation(s). I would

recommend not to evaluate employee performance on case conference, particularly unrehearsed.

5. Is the need for accommodation likely to be temporary or permanent?

Temporary ☐ Permanent ☒ probably decrease the rest of the fellowship.

If temporary, how long do you estimate that the need for the restriction(s) and/or accommodation(s) will last?


Signature of Health Care Provider/Physician

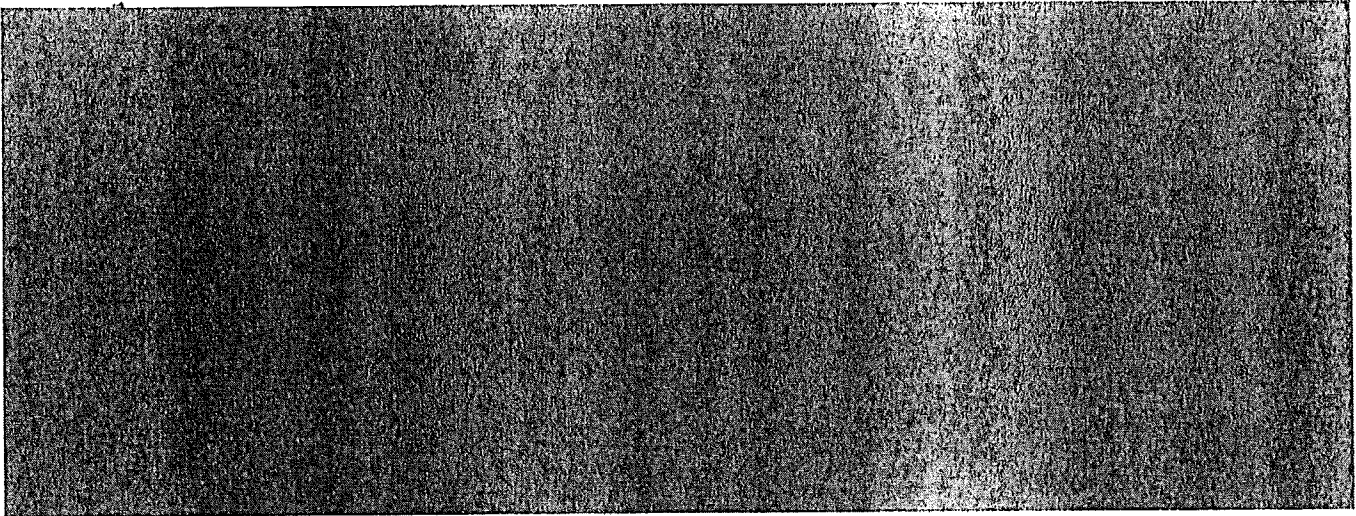
Date:

5/3/12

The employee is actively seeking help for her symptoms and is very motivated in her treatment. She has made some progress already.

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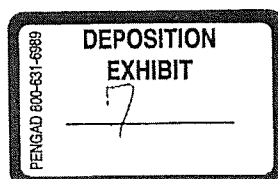
From: Ull, Naveen
Sent: Thursday, March 22, 2012 5:37 PM
To: Rebello, William
Cc: Kaminski, Beth
Subject: RE: Job Description for Pediatric Endo Fellow

Will:

Here is a list of what I consider essential functions of a fellow in pediatric endocrinology:

- Obtain focused history; perform directed physical examination; formulate and prioritize differential diagnoses based on patient information, current scientific evidence and sound clinical judgment on all patients seen in the out-patient clinics and in-patient consultation service.
- Precept all patients with a member of the attending faculty in a timely manner, discussing clinical findings and incorporating results of all available ancillary investigations.
- Counsel patients and their families regarding diagnostic and management plans. Communicate clinical impression and results of investigations to patients and their families effectively and at the appropriate developmental/educational level. Be a strong advocate for quality patient care and identify appropriate resources to address patient needs. Take ownership and responsibility for ongoing patient care.
- Maintain accurate, timely, complete and legible medical records.
- Acquire sound foundation of knowledge with adequate scope and depth in the various subspecialty diagnoses, including basic science and clinical endocrinology. Use self-reflection to identify areas of knowledge deficits, utilize available resources and demonstrate initiative in consistent self-directed learning. Demonstrate critical thinking skills in evaluating medical literature.
- Actively participate in all educational sessions of the division, with adequate preparation on assigned topic presentations. Take an active role in educating medical students, residents, nurses and other medical personnel.
- Seek opportunities to strengthen knowledge and skills. Accept feedback appropriately and act on areas identified for improvement.
- Actively seek opportunities and collaborate with members of the faculty on Quality Assessment and Quality Improvement projects.
- Engage in clinical or basic science research project with substantive scholarly exploration, including

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hypothesis development, execution of the project and preparation of manuscript for presentation and publication.

- Demonstrate compassion and respect for others, sensitivity and responsiveness to others' needs, productive work habits and ability to function effectively with other members of the health care team.
- Act with honesty and integrity, engage in ethical medical practices.
- Develop the knowledge, clinical abilities, interpersonal and communication skills to function effectively in the role of a sub-specialty consultant.

I hope this is adequate.

Thanks,
Naveen

From: Rebello, William
Sent: Thursday, March 22, 2012 2:53 PM
To: Uli, Naveen
Subject: RE: Job Description for Pediatric Endo Fellow

Can you narrow this down to the essential functions of a fellow in your program.

Will Rebello, MBA
Manager, Graduate Medical Education
Ph: 216-844-3889
Fax: 216-844-1949

From: Uli, Naveen
Sent: Wednesday, March 21, 2012 2:01 PM
To: Rebello, William
Subject: RE: Job Description for Pediatric Endo Fellow

I do not have a "job description", per se, but last year, I developed a document titled "Expectations of Fellows", which I recently updated. I have attached this document. Let me know if this is sufficient.

Naveen Uli

From: Rebello, William
Sent: Wednesday, March 21, 2012 12:34 PM
To: Uli, Naveen
Cc: Dunsworth, Rebecca
Subject: FW: Job Description for Pediatric Endo Fellow

Can you send us something?

Will Rebello, MBA
Manager, Graduate Medical Education
Ph: 216-844-3889
Fax: 216-844-1949



University Hospitals

June 14, 2012

Alison Matthews, M.D.
13700 Shaker Blvd, #210
Cleveland, OH 44120

RE: Request for Reasonable Accommodation

Dear Dr. Matthews:

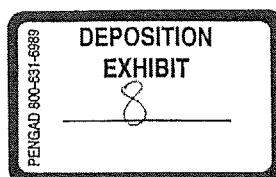
I am writing in response to your request for an accommodation to perform the essential functions of your position. Your health care provider's certification dated May 13, 2012, states that you have the following restrictions and/or need the following accommodations:

- Not to evaluate your performance in Case Conference, particularly unrehearsed for the rest of your fellowship.

We have discussed these restriction(s) and/or accommodation(s) requests on several occasions in an effort to evaluate whether University Hospital Case Medical Center (UHCMC) can reasonably provide an accommodation to you that will allow you to perform the essential functions of your position.

The essential functions of your position as a fellow in the Pediatric Endocrinology Program include attendance at all weekly divisional conferences; contributing as a participant in the discussions; and playing an increasing role in running the conferences. As a fellow, it is essential to be able to engage in discussions spanning a wide range of endocrine disorders of broad scope and of sufficient depth, as it assists in developing competency and proficiency in managing complex endocrine disorders, and allows the attendings to monitor progress in the program and the fellow's ability to practice independently and without direct supervision. The fellow's participation in the case studies and discussions is used to evaluate the fellow and determine program progress, knowledge base, and decision making ability in conjunction with clinical skills.

After a careful review of your request, we have determined that we are unable to provide you with a reasonable accommodation at this time because the conference participation is an essential function of your position, and the attendings must have the ability to evaluate the fellows in this milieu as noted above.



Since we are unable to permanently accommodate you reasonably in your current position for the length of your fellowship, you will begin a leave of absence beginning July 1, 2012, which is the start of the fellowship year. I will make contact the Program Director to initiate the leave of absence paperwork.

Your health care provider reported that you are currently undergoing treatment and showing some progress. Our hope is that you continue to progress and can return to the fellowship program. In order to provide you time to fully consider this letter and its impact on your fellowship, UHCMC will continue to temporarily provide the requested accommodation until the end of the current fellowship year, June 30, 2012.

Should you have any questions, please contact me at 216-844-3426.

Sincerely,

A handwritten signature in cursive script that reads "Julie Chester".

Julie Chester
Director, Human Resources

2012-Jun-27 12:17 PM UHHS 2168448750

2/2



June 22, 2012

Alison Matthews
13700 Shaker Boulevard Apt. 210
Cleveland, OH 44120

Dear Allison:

On June 20, 2012, an FMLA or Medical Leave of Absence request for Employee - Serious Health Condition was received in HR Services. This leave is to begin on July 1, 2012. FMLA/Medical Leave of Absence is provisionally approved contingent upon receipt of the *Certification of Physician or Practitioner* form by Corporate Health. You will have 15 days in which to provide this form to Corporate Health. Please fax the completed *Certification of Physician or Practitioner* form to your Corporate Health office by the following date: July 10, 2012. Your entity's Corporate Health office fax number is located at the bottom of the form. If Corporate Health has not received the information by this date, your leave request will be denied. Once your leave request has been approved or denied by Corporate Health, you will receive communication from the HR Wellness Center outlining Corporate Health's decision. If you have already provided this form to Corporate Health, please disregard this request.

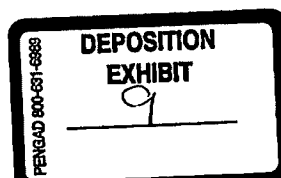
The following information and forms are provided in this communication:

- A copy of policy *HR-19 - Family and Medical Leave of Absence (FMLA)*.
- A copy of policy *HR-70 - Leaves of Absence*.
- A *Certification of Physician or Practitioner* form to be filled out and returned to your entity specific Corporate Health office.
- A *Return to Work Authorization* form to be filled out and returned to your entity specific Corporate Health office a minimum of 2 business days PRIOR to your return to work. Your supervisor will delay your return to work date until the form is provided.
- A copy of the *Family and Medical Leave (FMLA) Tip Sheet for Employees*. Please refer to this document for a listing of your rights, duties, and responsibilities for those absences covered under Federal FMLA leave.
- Disability Management Services' *Filing for Your Short-Term Disability Benefits* flyer (if applicable).

If you have any questions please contact the HR Wellness Center at 1-877-HR1-Place (1-877-471-7522). For any medical concerns regarding your leave, please contact your Corporate Health office.

Sincerely,

HR Wellness Center
University Hospitals



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Case Western Reserve University / University Hospitals Case Medical Center
UH Rainbow Babies & Children's Hospital

FELLOWSHIP IN PEDIATRIC ENDOCRINOLOGY

REMEDIATION PLAN FOR ALISON MATTHEWS

I met with Alison Matthews on June 29, 2011 to discuss the following matters:

Clinical evaluations from 6 faculty members for the period January through June 2011 (NU, TZ, LC, DSK, MK, SN):

Deficiencies noted were as follows:

- Inadequate progress over her first year as a fellow in clinical knowledge and skills
- Need for more detail in collecting necessary clinical information and thinking through differential diagnoses
- Need for more detailed documentation of clinical information and decision making
- Need for timeliness in reviewing out-patient charts with attendings (not all same)
- Lack of engagement during divisional conferences
- Literature search and critical topic reviews need to be more detail-oriented and at the level of a fellow

Performance on the Sub-specialty In-Training Examination:

Score 46% (68 out of 148 questions)

Well below national average (58 ± 8 ; $n=82$)

Other
fellows
were told
1st year
exam didn't
matter

Evaluation of topic presentation (levothyroxine treatment for urticaria):

Need to be more focused and detailed

This was
an impromptu
presentation.
Other fellows
were quizzed on presentation
they had time to prepare

Research project:

Need to finalize project on vitamin D status of newborns

The remediation plan discussed was as follows:

1. Should put more attention to detail in clinical evaluations (history, examination, laboratory assessment, differential diagnoses, and management plans), documentation of chart notes and communications with families of patients and other staff.
2. Should prioritize chart reviews with attendings within 2-3 weeks of clinic encounter.
3. Expand knowledge base beyond Sperling textbook, seek review articles and primary literature.
4. In-depth topic reviews, paying attention to the methods sections of papers, statistical tools used and validity of conclusions reached.
5. Be more vocal during divisional conferences in case discussions and literature reviews. Should be an active participant.
6. Actively participate in textbook review sessions.
7. Over the next 2 weeks, write detailed background material for research project, with extensive literature review. Discuss with TZ, RGK, LC and myself.

PENGAD 800-631-6893

DEPOSITION
EXHIBIT

** Assigned prepared evaluation - evaluation once

O'Donnell 165

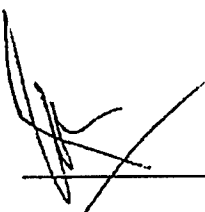
This was
already done
prior to this
document

Additional resources identified to assist Alison:

1. I will meet with her once every 2 weeks (more frequently if she needs it or wants it) to discuss a variety of clinical cases in-depth.
2. Prep-Endo questions to help her with preparation for SITE and Boards. *This was never provided for me*


How progress will be tracked:

1. My own observations and input from other faculty regarding performance at and after clinics, during clinical on-call service and at divisional rounds.
2. Performance on the SITE in March 2012.
3. Input from divisional nurses and ward house-staff. *Minimal contact with nurses.*


Naveen Uli, MD

Date: 08, 09, 2011

I agree that I met with Dr. Uli and we discussed the above mentioned matters.


Alison Matthews, MD

Date: 8, 9, 2011

I agree to present cases/review topics during divisional conferences; however due to the hostile nature of these conferences in general - I feel it is un-reasonable (and not educational) to volunteer to speak when I am not presenting as this would be opening inviting verbal abuse ^{from} some faculty members.

Although I agree to comply with the above plan, I my signature does not represent agreement with the listed deficiencies. In my opinion, the apparent lack of knowledge on my part is due to being a quiet person and not communicating effectively. I will work on my communication skills, but I strongly disagree with the opinion that my overall knowledge is lacking. I will participate in the individualized review *See page 166*

And. Complete the prep questions, but I will not accept any penalties or restrictions being placed upon me. as I feel that I have been wrongly accused and in general have been mistreated by this program. A detailed outline of my grievances is attached.

Case Western Reserve University / University Hospitals Case Medical Center
 UH Rainbow Babies & Children's Hospital

FELLOWSHIP IN PEDIATRIC ENDOCRINOLOGY

Individualized Learning Plan

Date: 02/24/2011

Name of Fellow: Alison Matthews

Progress since last Performance Evaluation: This is the first

Self-Assessment performed and reviewed: Yes No ☒

Strengths identified from Self-Assessment:

Areas and Opportunities for Improvement identified from Self-Assessment:

SITE (Sub-Specialty In-Training Examination) Scores reviewed: Yes No

Topics identified as requiring extra attention:

Additional Strengths and Opportunities for Improvement Identified:

- (1) Case presentations → work in making them more comprehensive; incorporate evidence from the literature
 (2) Clinical summaries (outpatient/inpatient) → assessment & recommendations should be more comprehensive

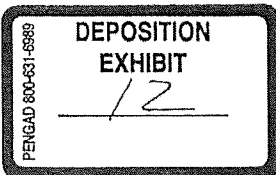
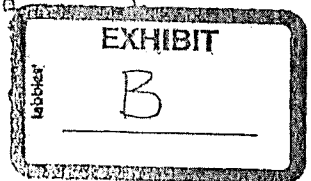
Faculty Evaluations ☒ Program Director ☒ Others

Planning Discussions:

None

Final Notes (continue on reverse if necessary):

N/A



Case Western Reserve University / University Hospitals Case Medical center
 UH Rainbow Babies & Children's Hospital

Fellowship in Pediatric Endocrinology
 FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES

Fellow's Name ALISON MATTHEWS
 Date/Academic Year: JUNE 2011 / 3y-fellow
 Evaluator N. W.

Level of Training
☒ I Year Fellow: Rose
☐ II Year Fellow: Yellow
☐ III Year Fellow: Green

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health						
Obtains a focused history for each of the specialty diagnoses we see			✓			
Obtains a directed physical examination for each of the specialty diagnoses we see			✓			
Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment			✓			
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis		✓				
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage			✓			
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients			✓			
Identifies appropriate community resources to address patient needs			✓			
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis			✓			
Obtains results of laboratory and radiographic studies in a timely fashion		✓				
Accurately interprets test results, including results of endocrine stimulation tests		✓				
Demonstrates ability to read bone age X-rays		✓				
Counsels and educates patients and families regarding diagnostic and management plans			✓			

Comments:

Need to expand critical thinking ability when coming up with differential diagnosis, incorporating current medical knowledge in pathophysiology, diagnostic/management tools.

Competency: Medical Knowledge Must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Establishes sound foundation of knowledge for each of the subspecialty areas we see						
Understands unique challenges experienced by children and families with chronic diseases						
Understands basic and clinical science underpinnings of endocrine axes and related disorders		✓				
Accurately evaluates current medical information		✓				
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner		✓				
Applies knowledge with attention to clinical outcome, cost-effectiveness, benefit, and patient preference						
Educates education of students and other health care professionals						

Comments: Should expand knowledge beyond content of "syndromes"

Competency: Practice-based Learning Must be able to investigate and evaluate their patient care practices, assess and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g. literature, attendings, electronic sources, conferences)		✓				
Accurately evaluates current scientific literature		✓				
Seeks feedback appropriately and acts on areas identified for improvement				✓		
Seeks opportunities to strengthen knowledge and skills						
Obtains information from their own patient population and the larger population from which their patients are drawn to formulate decisions						
Utilizes information technology to manage information, access on-line medical information and support own education						
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness						✓

Comments: Need to evaluate literature in a very critical manner, paying attention to primary literature → research methods, validity of conclusions.

Competency: Systems-based Practice	<25% of time	25-49% of time	50-74% of time	75-95% of time	>95% of time	Unable to evaluate
Reflects must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value						
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care						
Advocates for quality patient care and assists patients in dealing with system complexities						
Is familiar with documentation criteria for different levels of care						
Utilizes clinical guidelines/care paths effectively when appropriate						
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf						
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						
Comments:						

Competency: Interpersonal and Communication Skills Students must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families				✓		
Maintains accurate, timely, complete and legible medical records				✓		
Identifies self and other members of the health care team & explains roles					✓	
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members				✓		
Uses effective listening skills to elicit information					✓	
Communicates with patient and caregiver in the appropriate setting					✓	
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion				✓		

Comments:

Competency: Professionalism Physicians must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, gender, and disabilities						
Communicates with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization				✓		
Collaborates effectively with other members of the health care team				✓		
Assumes ownership and responsibility for patient care				✓		
Responds positively to constructive criticism					✓	
Understands role of peer review as it relates to professional accountability			✓			
Understands role of expected professional behavior of a consultant				✓		
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature				✓		
Comments:						

SUMMARY COMMENTS:

Strengths:

Caring physician
Good communication skills

Areas for growth and development:

Comprehension in clinical evaluation
Depth of literature review
Getting research project

Specific goals for next 6 months:

- Write in medical knowledge case presentation

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was _____ above _____ at ☒ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes ___ No ___

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator _____ Date _____

Fellow Evaluated _____ Date _____

Please return completed form to Naveen K. Uli, Division of Pediatric Endocrinology and Metabolism, RB&C 737

**Case Western Reserve University / University Hospitals Case Medical center
UH Rainbow Babies & Children's Hospital**

**Fellowship in Pediatric Endocrinology
FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES**

Fellow's Name Alison Matthews Level of Training I Year Fellow: Color Code Rose
 Date/Academic Year: June 22, 2011, end of 1st year II Year Fellow: Yellow
III Year Fellow: Green
 Evaluator Michaela Krontz

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Obtains a focused history for each of the specialty diagnoses we see						
Obtains a directed physical examination for each of the specialty diagnoses we see						
Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment						
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis						
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage						
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients						
Identifies appropriate community resources to address patient needs						
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis						
Obtains results of laboratory and radiographic studies in a timely fashion						
Accurately interprets test results, including results of endocrine stimulation tests						
Demonstrates ability to read bone age X-rays						X
Counsels and educates patients and families regarding diagnostic and management plans						

Comments:

Competency: Medical Knowledge Physicians must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Provides sound foundation of knowledge for each of the subspecialty cases we see						
Understands unique challenges experienced by children and families with chronic diseases						
Understands basic and clinical science underpinnings of endocrine axes and related disorders		X				
Accurately evaluates current medical information	X					
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner		X				
Applies knowledge with attention to clinical outcome, cost-effectiveness, benefit, and patient preference						
Provides education of students and other health care professionals		X				
Comments:						

Competency: Practice-based Learning Physicians must be able to investigate and evaluate their patient care practices, use and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g., literature, attendings, electronic sources, conferences)		X				
Accurately evaluates current scientific literature		X				
Seeks feedback appropriately and acts on areas identified for improvement				X		
Seeks opportunities to strengthen knowledge and skills		X				
Gathers information from their own patient population and the larger population from which their patients are drawn to formulate decisions						
Uses information technology to manage information, access on-line medical information and support own education						X
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness		X				
Comments:						

Competency: Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care						
Advocates for quality patient care and assists patients in dealing with system complexities						
Is familiar with documentation criteria for different levels of care						X
Utilizes clinical guidelines/care paths effectively when appropriate						
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf						
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						X
Comments:						

Competency: Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families						
Maintains accurate, timely, complete and legible medical records						
Identifies self and other members of the health care team & explains roles						
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members						
Uses effective listening skills to elicit information						
Communicates with patient and caregiver in the appropriate setting						
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion						
Comments:						

Competency: Professionalism The physician must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, gender, and disabilities						
Communicates with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization			X			
Works effectively with other members of the health care team						
Shows ownership and responsibility for patient care						
Responds positively to constructive criticism						
Understands role of peer review as it relates to professional accountability						X
Understands role of expected professional behavior of a consultant						
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature			X			
Comments: The dictated chart notes have had a long lag time between the date of clinic and the date the letter is presented to me to sign.						

SUMMARY COMMENTS:**Strengths:**

- Allison's oral sign-out of patients in clinic is organized and succinct.
- With few exceptions, Allison's dictated clinic chart notes are well-organized and well-written.
- Allison is always pleasant, polite, and respectful, has a pleasant calm demeanor, and is receptive to feedback. I admire Allison's ability to stay calm and even-keeled; she never seems to get anxious or upset!

Areas for growth and development:

- Although Allison has demonstrated an adequate knowledge base in several areas of endocrinology, there are some basic areas which she has not mastered at the level expected of a fellow preparing to enter the second year of fellowship. Some recent examples: (1) lack of understanding of early pubertal development (early onset of pubic hair and breasts cannot be called benign premature adrenarche), (2) failure to recognize that a patient with one pituitary hormone deficiency can also be at risk for diabetes insipidus

Specific goals for next 6 months:

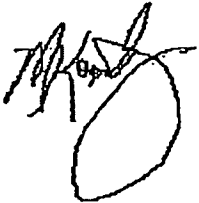
- Participate more actively and enthusiastically in Wednesday division conference discussions.
- Read, read, read! (This is a goal that is applicable to everyone at every level of training ☺) Allison's goal for each of the endocrine diagnoses she sees should be to not only master basic "textbook" knowledge, but also to critically review current cutting-edge literature on specific issues applicable to the patient.

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was ____ above ____ at ____X____ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes ____ No ____

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.



Faculty Evaluator _____ Date 6/22/2011 _____

Fellow Evaluated _____ Date _____

Please return completed form to Naveen K. Uli, Division of Pediatric Endocrinology and Metabolism, RB&C 737

Case Western Reserve University / University Hospitals Case Medical Center
 UH Rainbow Babies & Children's Hospital

Fellowship in Pediatric Endocrinology
 FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES

Fellow's Name Alison Matthews

Date/Academic Year: Aug - June 2011

Evaluator Teresa Zimmerman

Level of Training Color-Code
 I Year Fellow: Rose
 II Year Fellow: Yellow
 III Year Fellow: Green

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Obtains a focused history for each of the specialty diagnoses we see				✓		
Obtains a directed physical examination for each of the specialty diagnoses we see				✓		
Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment				✓		
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis			✓			
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage						✓
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients						✓
Identifies appropriate community resources to address patient needs						✓
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis				✓		
Obtains results of laboratory and radiographic studies in a timely fashion						
Accurately interprets test results, including results of endocrine stimulation tests						
Demonstrates ability to read bone age X-rays						✓
Counsels and educates patients and families regarding diagnostic and management plans				✓		

Comments: Long delays in discussing results with me though I believe obtaining labs are done timely
Regarding interpretation - excellent with thyroid disorders.
see attachment

Add'l Comments

Allison 5/16 & 18/2011 summary of charts

Presfed 1/20 went on 4/4 → did not come back to me until 5/18

Said it got to bottom of pile on desk and lost

Issues of
organization →

track that it wasn't done

Analysis/letters : incomplete summaries.

- not following through on abnl. lab such as vit D.
- not distinguishing dx of hypothy, when to initiate
vs. target TSH once placed on doses
- Quizzed on thyx nodule medullary CA what is ok
how large CA spread later able to relate first cancer
- doesn't know target LDL-C for kids

Jerry

A.M.

Competency: Medical Knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and epidemiological sciences and the application of this knowledge to patient care

Demonstrates sound foundation of knowledge for each of the subspecialty diagnoses we see

Understands unique challenges experienced by children and families with chronic diseases

Understands basic and clinical science underpinnings of endocrine axes and endocrine disorders

Critically evaluates current medical information

Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner

Applies knowledge with attention to clinical outcome, cost-effectiveness, risk benefit, and patient preference

Facilitates education of students and other health care professionals

Comments: Haven't seen evidence for her to research info on every given patient - tends to rely on advice of faculty
 Have not heard her express any sense of her deficits
 Participates in conferences and rounds but inadequate knowledge to appropriately educate

Competency: Practice-based Learning

Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices

Acquires knowledge through utilization of appropriate resources (e.g. texts/literature, attendings, electronic sources, conferences)

Critically evaluates current scientific literature *still no*

Accepts feedback appropriately and acts on areas identified for improvement

Seeks opportunities to strengthen knowledge and skills

Obtains information from their own patient population and the larger population from which their patients are drawn to formulate decisions

Uses information technology to manage information, access on-line medical information and support own education

Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

Comments: Accepts feedback but don't see independent action to improve

THAS

Competency: System-based Practice Follows must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care						✓
Advocates for quality patient care and assists patients in dealing with system complexities			✓			
Is familiar with documentation criteria for different levels of care						✓
Utilizes clinical guidelines/care paths effectively when appropriate						✓
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf				✓		
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						✓
Comments: <i>Alison does care about her patients and advocates for them. Seems to have great rapport with patients</i>						

Competency: Interpersonal and Communication Skills Follows must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families				✓		
Maintains accurate, timely, complete and legible medical records		✓				
Identifies self and other members of the health care team & explains roles					✓	
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members					✓	
Uses effective listening skills to elicit information					✓	
Communicates with patient and caregiver in the appropriate setting					✓	
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion		✓				
Comments: <i>Usually 2-3 months delay in completing charts/records</i>						

AM

Competency: Professionalism Fellows must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	75-95% of time	>95% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, age, gender, and disabilities						
Acts with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization			✓			
Works effectively with other members of the health care team					✓	
Takes ownership and responsibility for patient care						
Responds positively to constructive criticism					✓	
Understands role of peer review as it relates to professional accountability					✓	
Understands role of expected professional behavior of a consultant					✓	
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature			✓			
Comments:						

SUMMARY COMMENTS:

Strengths: • Dedicated clinician with good rapport with families

TNB

AM

Areas for growth and development:

- ① • Time management for charting/letters
- ② • Developing ability to self educate
- ③ • Develop ability to critically read literature
- ④ • Acquire knowledge in endocrine disorders - all areas except thyroid are weak.

Specific goals for next 6 months:

- Re # 1. Completion of letters by 4 weeks after clinic visit
(prior to that reviewed with me by 3 weeks after visit review of first version)
- Re # 2. (self) Identify areas of weakness and choose at least two endocrine systems to focus on. ^{this may require some testing}
- Re # 3. Journal club and evidence based presentation of a case one presentation each with discussion prior at least once with a faculty member to ensure sufficiently critical approach
- Re: 4. Benzaddissalin #2 must ensure that Alison has knowledge about all endo \$ \$ \$ \$ \$ tests, risks, interpretation of result
- Patient encounter observed in its entirety on (date): ~~Not done by me~~ (Required at once/year)

The fellow's performance was ___ above ___ at ___ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes ___ No ☒

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator _____ Date _____

Fellow Evaluated _____ Date _____

Please return completed form to Naveen K. Uli, Division of Pediatric Endocrinology and Metabolism, RB&C 737

Case Western Reserve University / University Hospitals Case Medical center
 UH Rainbow Babies & Children's Hospital

Fellowship in Pediatric Endocrinology
 FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES

Fellow's Name Allison Matthews

Date/Academic Year: 2010-2011

Evaluator Douglas Kerr

Level of Training
☒ I Year Fellow: Rose
☐ II Year Fellow: Yellow
☐ III Year Fellow: Green

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Obtains a focused history for each of the specialty diagnoses we see						
Obtains a directed physical examination for each of the specialty diagnoses we see						
Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment		✓				
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis		✓				
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage						
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients						
Identifies appropriate community resources to address patient needs						✓
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis						
Obtains results of laboratory and radiographic studies in a timely fashion						
Accurately interprets test results, including results of endocrine stimulation tests						✓
Demonstrates ability to read bone age X-rays						✓
Counsels and educates patients and families regarding diagnostic and management plans						

Comments: Needs to more thoroughly document her observations and decision making re: diagnosis + treatment.

Competency: Medical Knowledge Physicians must demonstrate knowledge about established and evolving biological, clinical and epidemiological sciences and the application of this knowledge to patient care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates sound foundation of knowledge for each of the subspecialty diseases we see						
Understands unique challenges experienced by children and families with chronic diseases						
Understands basic and clinical science underpinnings of endocrine axes and endocrine disorders						
Accurately evaluates current medical information						✓
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner						
Applies knowledge with attention to clinical outcome, cost-effectiveness, benefit, and patient preference						
Facilitates education of students and other health care professionals						
Comments:						

Competency: Practice-based Learning Physicians must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g. journals/literature, attendings, electronic sources, conferences)			✓			
Independently evaluates current scientific literature		✓				
Seeks feedback appropriately and acts on areas identified for improvement			✓			
Recognizes opportunities to strengthen knowledge and skills						
Gains information from their own patient population and the larger population from which their patients are drawn to formulate decisions						✓
Uses information technology to manage information, access on-line medical information and support own education						
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness						✓
Comments:						

Competency: Systems-Based Practice Fellows must demonstrate awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care						
Advocates for quality patient care and assists patients in dealing with system complexities						✓
Is familiar with documentation criteria for different levels of care		✓				
Utilizes clinical guidelines/care paths effectively when appropriate						✓
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf						✓
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						✓
Comments:						

Competency: Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families			✓			
Maintains accurate, timely, complete and legible medical records			✓			
Identifies self and other members of the health care team & explains roles				✓		
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members			✓			
Uses effective listening skills to elicit information			✓			
Communicates with patient and caregiver in the appropriate setting			✓			
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion						✓
Comments:						

Competency: Professionalism Physicians must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, gender, and disabilities						
Works with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization						
Works effectively with other members of the health care team						
Assumes ownership and responsibility for patient care						
Responds positively to constructive criticism						
Understands role of peer review as it relates to professional accountability						✓
Understands role of expected professional behavior of a consultant						✓
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature						
Comments:						

SUMMARY COMMENTS:

Strengths:

Areas for growth and development:

More thorough documentation of clinical information
and her decision making

2. Be careful to collect necessary information and think through
management of complex clinical situations.

Specific goals for next 6 months:

(Same as above)

- Complete medical records on timely basis.

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was _____ above _____ (at) _____ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes _____ No _____

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator Debra S. Kenney Date 06/22/2011

Fellow Evaluated _____ Date _____

Please return completed form to Naveen K. Uli, Division of Pediatric Endocrinology and Metabolism, RB&C 737

**Case Western Reserve University / University Hospitals Case Medical center
UH Rainbow Babies & Children's Hospital**

**Fellowship in Pediatric Endocrinology
FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES**

Fellow's Name Alison Matthews Level of Training PGY-4 Color Code Rose

___ I Year Fellow: Rose

___ II Year Fellow:

Date/Academic Year: 2010-2011
Yellow

___ III Year Fellow: Green

Evaluator Sumana Narasimhan

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care The physician must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Obtains a focused history for each of the specialty diagnoses we see		X				
Performs a directed physical examination for each of the specialty diagnoses						
Formulates and prioritizes a differential diagnosis based on patient presentation, current scientific evidence and sound clinical judgment		X				
Utilizes evidence in making therapeutic decisions and employs the best therapeutic management of choice for a given working diagnosis						
Recommends appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage						
Applies medical literature and information technology to inform and improve patient care decisions and to educate patients		X				
Identifies appropriate community resources to address patient needs		X				
Orders appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis						
Obtains results of laboratory and radiographic studies in a timely fashion	X					
Accurately interprets test results, including results of endocrine stimulation tests	X					
Demonstrates ability to read bone age X-rays		X				
Consults and educates patients and families regarding diagnostic and management plans				X		

Comments: Alison is a very caring and gentle pediatrician. As an endocrine fellow, however, she has not shown a growth in her skills the past year. She still struggles with formulating differential diagnoses. Her charts after clinic are frequently late and she does not have enough time to discuss with the attending post clinic. She will leave charts in the mailbox for me to sign and that is unacceptable. She was told the same and now tries to set up appointments to meet to discuss charts, but seems to be very busy and gives very few dates to work with. If she has not started her research in a lab yet, I would assume that she is always on campus if she is not in clinic and would be able to offer more dates and times to discuss charts post clinic.

Competency: Medical Knowledge Fellows must demonstrate knowledge about, understand and apply basic medical, clinical and epidemiological sciences and the application of this knowledge to patient care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates sound foundation of knowledge for each of the subspecialty diagnoses we see	X					
Understands unique challenges experienced by children and families with chronic diseases						
Understands basic and clinical science underpinnings of endocrine axes and endocrine disorders		X				
Critically evaluates current medical information		X				
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner	X					
Applies knowledge with attention to clinical outcome, cost-effectiveness, risk benefit, and patient preference						
Facilitates education of students and other health care professionals		X				

Comments: Alison needs to greatly improve her medical knowledge by reading. She seems to be disengaged during division conferences, where she can learn the most by discussion. Her journal reviews and critical topic reviews need to be at fellow level- currently are at a senior resident level. For that, in depth reading and literature search is required.

Competency: Practice-based Learning Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g. texts/literature, attendings, electronic sources, conferences)		X				
Critically evaluates current scientific literature		X				
Accepts feedback appropriately and acts on areas identified for improvement	X					
Seeks opportunities to strengthen knowledge and skills	X					
Obtains information from their own patient population and the larger population from which their patients are drawn to formulate decisions						
Uses information technology to manage information, access on-line medical information and support own education		X				
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	X					

Comments: Alison specifically needs to improve in this area and be open to feedback and make changes based on feedback.

Competency: Systems-based Practice Students must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Provides cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing health care						
Advocates for quality patient care and assists patients in dealing with system complexities			X			
Familiar with documentation criteria for different levels of care		X				
Applies clinical guidelines/care paths effectively when appropriate			X			
Recognizes potential conflicts of interest between individual patients and health care organizations and advocates on the patient's behalf						
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources		X				

Comments:

Being more engaged in the field, Alison can learn the above areas by discussion with faculty.

Competency: Interpersonal and Communication Skills Students must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families		X				
Maintains accurate, timely, complete and legible medical records	X					
Identifies self and other members of the health care team & explains roles		X				
Uses appropriate language at the proper developmental level/educational level for patient, care givers, and family members		X				
Demonstrates effective listening skills to elicit information		X				
Communicates with patient and caregiver in the appropriate setting		X				
Communicates with referring providers through face-to-face meetings, written letters and, if warranted, phone calls in a concise and timely manner	X					

Comments:

Alison needs to communicate results to patients whom she sees. She should take more ownership of the patients under her care by paying attention to every detail, following labs, schedule and plan stimulation tests herself so she can learn the process and tests that need to be sent. She must document phone calls to patients.

Competency: Professionalism Allows must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-74% of time	75-99% of time	>99% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, age, gender, and disabilities						
Acts with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization		X				
Works effectively with other members of the health care team		X				
Takes ownership and responsibility for patient care	X					
Responds positively to constructive criticism	X					
Understands role of peer review as it relates to professional accountability	X					
Understands role of expected professional behavior of a consultant		X				
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature		X				
Comments:						

SUMMARY COMMENTS:

Strengths:
Alison is a compassionate and caring person and a good pediatrician.

reas for growth and development:

be more engaged in the fellowship program
make a specific goal to take care of charts after clinic
lead up and take ownership of the patients under her care and use each diagnosis as a learning opportunity.
wear lab coat while dealing with patients as it gives a professional appearance to families.
critically review literature for division presentations
take active part in Wednesday conferences

pecific goals for next 6 months:

Charts from clinic to be dictated immediately and discussed with attending within one week of pt seen
be prepared to answer qns during Wednesday conferences- Read.
Wear lab coat in clinic and hospital service (Professionalism)

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was ____ above ____ at ____ X below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes X No ____

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator _____ Date _____

Fellow Evaluated _____ Date _____

Please return completed form to Naveen K. Ull, Division of Pediatric Endocrinology and Metabolism, RB&C 737

Case Western Reserve University / University Hospitals Case Medical center
 UH Rainbow Babies & Children's Hospital

Fellowship in Pediatric Endocrinology
 FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES

Fellow's Name Alison Mathew

Date/Academic Year: _____

Evaluator Cutler

Level of Training
 ___ I Year Fellow: Rose
 ___ II Year Fellow: Yellow
 ___ III Year Fellow: Green

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Obtains a focused history for each of the specialty diagnoses we see			✓			
Obtains a directed physical examination for each of the specialty diagnoses we see			✓			
Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment		✓				
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis		✓				
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage			✓			
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients		✓				
Identifies appropriate community resources to address patient needs			✓			
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis			✓			
Obtains results of laboratory and radiographic studies in a timely fashion			✓			
Accurately interprets test results, including results of endocrine stimulation tests						
Demonstrates ability to read bone age X-rays						✓
Counsels and educates patients and families regarding diagnostic and management plans						

Comments:

Competency: Medical Knowledge Physicians must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates sound foundation of knowledge for each of the subspecialty diseases we see	✓					
Understands unique challenges experienced by children and families with chronic diseases						
Understands basic and clinical science underpinnings of endocrine axes and endocrine disorders		✓				
Regularly evaluates current medical information		✓				
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner		✓				
Applies knowledge with attention to clinical outcome, cost-effectiveness, benefit, and patient preference						
Facilitates education of students and other health care professionals						✓

Comments:

Competency: Practice-based Learning Physicians must be able to investigate and evaluate their patient care practices, assess and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g., journals/literature, attendings, electronic sources, conferences)		✓				
Regularly evaluates current scientific literature		✓				
Seeks feedback appropriately and acts on areas identified for improvement				✓		
Seeks opportunities to strengthen knowledge and skills		✓				
Gains information from their own patient population and the larger population from which their patients are drawn to formulate decisions						
Uses information technology to manage information, access on-line medical information and support own education						✓
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness		✓				

Comments:

Competency: Systems-Based Practice Nurses must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care						
Advocates for quality patient care and assists patients in dealing with system complexities						
Is familiar with documentation criteria for different levels of care						✓
Utilizes clinical guidelines/care paths effectively when appropriate			✓			
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf						
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						✓

Comments:

Competency: Interpersonal and Communication Skills Nurses must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families						✓
Maintains accurate, timely, complete and legible medical records			✓			
Identifies self and other members of the health care team & explains roles						
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members						✓
Uses effective listening skills to elicit information						✓
Communicates with patient and caregiver in the appropriate setting						
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion						✓

Comments:

Competency: Professionalism Physicians must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	76-99% of time	>99% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, gender, and disabilities						
Acts with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization						✓
Works effectively with other members of the health care team						
Assumes ownership and responsibility for patient care						
Responds positively to constructive criticism				✓		
Understands role of peer review as it relates to professional accountability			✓			
Understands role of expected professional behavior of a consultant				✓		
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature				✓		
Comments:						

SUMMARY COMMENTS:

Strengths:

Kind person & integrity

Areas for growth and development:

Knowledge base
Critical assessment of ~~literature~~ literature
Perfecting PC, History re endo issues

Specific goals for next 6 months:

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was _____ above _____ at ☒ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes _____ No _____

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator RLH Date 6/23/11

Fellow Evaluated _____ Date _____

Please return completed form to Naveen K. Uli, Division of Pediatric Endocrinology and Metabolism, RB&C 737

Case Western Reserve University
University Hospitals / Rainbow Babies & Childrens Hospital

DIVISION OF PEDIATRIC ENDOCRINOLOGY

Fellow Presentation Evaluation Form

Date: 06, 01, 2011

Fellow: ALISON MATTHEWS

Title of Presentation: LEVOTHYROXINE TREATMENT FOR HYPOTHYROIDISM

Presentation Type (circle): Clinical case Assigned Topic Journal Club Research
Other: _____

	Good	Satisfactory	Needs improvement	Comments
Objectives clearly stated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presentation well organized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Communication and Delivery and Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Content of presentation (background materials, details presented, conclusions drawn)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Evaluation of data is needed more than lecture</i>
Strength of scientific evidence presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conveys grasp of material presented	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clear and effective audiovisual aids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appropriateness for level of training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

COMMENTS:

Choice of topics could be better - more challenging from endo physiology perspective

Evaluating Attending _____

June 01 2011

Case Western Reserve University
University Hospitals / Rainbow Babies & Childrens Hospital

DIVISION OF PEDIATRIC ENDOCRINOLOGY

Fellow Presentation Evaluation Form

Date: 06, 01, 2011

Fellow: ALISON MATTHEWS

Title of Presentation: LEVOTHYROXINE TREATMENT FOR HYPOTHYROIDISM

Presentation Type (circle): Clinical case Assigned Topic Journal Club Research
Other: _____

	Good	Satisfactory	Needs improvement	Comments
Objectives clearly stated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation well organized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	②
Communication and Delivery and Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good with regard to delivery and no handout and knowing
Content of presentation (background materials, details presented, conclusions drawn)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	would have been useful to have perspective from Endocrine Assoc or other Endocrine organization and for publication
Strength of scientific evidence presented	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ①	
Conveys grasp of material presented	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clear and effective audiovisual aids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appropriateness for level of training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	esp. since now at completion of first year. ③

COMMENTS: ① This was presented as though it was a case discussion with review of evidence however papers chosen were not of highest standard for evidence and she did not fully state that.
② Spent too much time on irrelevant physical findings for this discussion and used more than one slide - should have pertinent info
③ would have been interesting to note whether this has also been reported in clinical Grace Disease
↓
Chronic urticaria

Did not present any context re: why there might be a relationship between urticaria and TPO Abs - what immune process is triggered or do the immunologists have an explanation? Animal studies?

Evaluating Attending Lerner

Case Western Reserve University
University Hospitals / Rainbow Babies & Childrens Hospital

DIVISION OF PEDIATRIC ENDOCRINOLOGY

Fellow Presentation Evaluation Form

Date: 06, 01, 2011

Fellow: ALISON MATTHEWS

Title of Presentation: LEVOTHYROXINE TREATMENT FOR HYPOTYROSINEMIA

Presentation Type (circle): Clinical case Assigned Topic Journal Club Research
Other: _____

	Good	Satisfactory	Needs improvement	Comments
Objectives clearly stated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presentation well organized.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Communication and Delivery and Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Content of presentation (background materials, details presented, conclusions drawn)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Strength of scientific evidence presented	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Conveys grasp of material presented	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clear and effective audiovisual aids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appropriateness for level of training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
COMMENTS:				

Evaluating Attending: Kyla Koontz

Case: Western Reserve University / University Hospitals Case Medical center
 UH Rainbow Babies & Children's Hospital

Fellowship in Pediatric Endocrinology
 FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES

Fellow's Name Alison Matthews

Level of Training

Color Code

X I Year Fellow: Rose

II Year Fellow: Yellow

III Year Fellow: Green

Date/Academic Year: July-December 2010/1

Evaluator Ross Gubler-Hugmond

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the described knowledge/skills/attitudes during this rotation.

Competency: Patient Care Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Obtains a focused history for each of the specialty diagnoses we see						
Obtains a directed physical examination for each of the specialty diagnoses we see						
Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment						
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis						
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage						
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients						
Identifies appropriate community resources to address patient needs						
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis						
Obtains results of laboratory and radiographic studies in a timely fashion						
Accurately interprets test results, including results of endocrine stimulation tests						
Demonstrates ability to read bone age X-rays						
Counsels and educates patients and families regarding diagnostic and management plans						

Comments: Work on complete, but focused, histories. Improve ROS especially
 Need to take the time to identify key needs of patients prior to discharge -
 needs to be met and pt.

Competency: Medical Knowledge Must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates sound foundation of knowledge for each of the subspecialty areas we see						
Understands unique challenges experienced by children and families with chronic diseases						
Understands basic and clinical science underpinnings of endocrine axes and related disorders						
Regularly evaluates current medical information						
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner						
Applies knowledge with attention to clinical outcome, cost-effectiveness, benefit, and patient preference						
Participates in education of students and other health care professionals						

Comments:

Competency: Practice-based Learning Physicians must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g. literature, attendings, electronic sources, conferences)						
Regularly evaluates current scientific literature						
Seeks feedback appropriately and acts on areas identified for improvement						
Seeks opportunities to strengthen knowledge and skills						
Gathers information from their own patient population and the larger population from which their patients are drawn to formulate decisions						
Utilizes information technology to manage information, access on-line medical information and support own education						
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness						

Comments: Presentations used more depth & scientific rigor.

Competency: Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care						
Advocates for quality patient care and assists patients in dealing with system complexities						
Is familiar with documentation criteria for different levels of care						
Utilizes clinical guidelines/care paths effectively when appropriate						
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf						
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						
Comments:						

Competency: Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Communicates effectively with patients and families						
Maintains accurate, timely, complete and legible medical records				✓		
Identifies self and other members of the health care team & explains roles						
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members						
Uses effective listening skills to elicit information						
Communicates with patient and caregiver in the appropriate setting						
Communicates with referring providers through face-to-face meeting, dictated letters and, if warranted, phone calls in a concise and timely fashion						
Comments: After afternoon rounds, be certain to communicate with resident follow team if plans change - error						

Competency: Professionalism Demonstrates a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, gender, and disabilities						
Works with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization						
Works effectively with other members of the health care team						
Takes ownership and responsibility for patient care						
Responds positively to constructive criticism						
Understands role of peer review as it relates to professional accountability						
Understands role of expected professional behavior of a consultant						
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature						
Comments: Needs to regularly schedule time to review charts. Do not just leave for signature... expected, especially as a first year!						

SUMMARY COMMENTS:

Strengths:

Eager, punctual

Areas for growth and development:

Expand professionalism... Speak, dress & present
 oneself with appropriate confidence and professionalism
 Communicate with entire team - attending, resident
 & nurses.

Specific goals for next 6 months: Continue background textbook reading & challenge
 yourself with literature reviews.
 J. *symone*

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was _____ above _____ X at _____ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes _____ No X

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator *[Signature]* Date 3/9/11

Fellow Evaluated *[Signature]* Date _____

Please return completed form to Naveen K. Ull, Division of Pediatric Endocrinology and Metabolism, RB&C 737

Case Western Reserve University / University Hospitals Case Medical Center
 UH Rainbow Babies & Children's Hospital
 Fellowship in Pediatric Endocrinology
 FELLOW CLINICAL EVALUATION - LEVEL SPECIFIC COMPETENCIES

Level of Training
 X 1 Year Fellow: Rose
 II Year Fellow: Yellow
 III Year Fellow: Green

The ACGME has identified 6 areas (Core Competencies) in which fellows must develop competency during the course of training. Please check the boxes that best represent the frequency with which the fellow demonstrated the course of knowledge/skills/attitudes during this rotation.

Fellow's Name: Alison Matthews
 Date/Academic Year: July-December 2010/1
 Evaluator: Naveen UCL

Competency: Patient Care	Effective for the treatment of health problems and the promotion of health	Obtains a focused history for each of the specialty diagnoses we see	Obtains a directed physical examination for each of the specialty diagnoses we see	Formulates and prioritizes a differential diagnosis based on patient information, current scientific evidence and sound clinical judgment	Integrates evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis	Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage	Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients	Identifies appropriate community resources to address patient needs	Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis	Obtains results of laboratory and radiographic studies in a timely fashion	Accurately interprets test results, including results of endocrine stimulation tests	Demonstrates ability to read bone age X-rays	Counsels and educates patients and families regarding diagnostic and management plans
Unable to evaluate	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time	76-95% of time
>95% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time	50-75% of time
25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time	25-49% of time
<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time	<25% of time

Efficient in focusing on pertinent positive and negative information. Should approach differential diagnosis considered from a broad perspective normally down the possibilities or go to focus on specific information. It should be careful in not missing at potentially important history, but should be careful in not missing at potentially important information. Should approach differential diagnosis considered from a broad perspective normally down the possibilities or go to focus on specific information.

Competency: Medical Knowledge Must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates sound foundation of knowledge for each of the subspecialty areas we see		✓				
Understands unique challenges experienced by children and families with chronic diseases				✓		
Understands basic and clinical science underpinnings of endocrine axes and related disorders		✓				
Accurately evaluates current medical information		✓				
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner				✓		
Applies knowledge with attention to clinical outcome, cost-effectiveness, benefit, and patient preference		✓				
Facilitates education of students and other health care professionals			✓			
Comments:	Start with textbooks (Sperling/Sinagra/Basic Science of Endocrinology) then find review articles. Then go on to primary literature in depth.					

Competency: Practice-based Learning Must be able to investigate and evaluate their patient care practices, use and assimilate scientific evidence and improve patient care practices	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Acquires knowledge through utilization of appropriate resources (e.g., literature, attendings, electronic sources, conferences)			✓			
Accurately evaluates current scientific literature			✓			
Seeks feedback appropriately and acts on areas identified for improvement					✓	
Seeks opportunities to strengthen knowledge and skills				✓		
Obtains information from their own patient population and the larger population from which their patients are drawn to formulate decisions			✓			
Utilizes information technology to manage information, access on-line medical information and support own education				✓		
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness			✓			
Comments:	While evaluating literature (both informally and formally), look for regular journals, comment on patient population, experimental design, patient numbers, statistical analysis (and their validity), and results. If things are not clear, pull up articles referenced in the article to give you a better understanding of the background of the study. Read the authors' conclusions and decide for yourself if their conclusion is a valid and reasonable one.					

Competency: Systems-based Practice	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Follows must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value						
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care.						
Advocates for quality patient care and assists patients in dealing with system complexities						
Is familiar with documentation criteria for different levels of care						
Utilizes clinical guidelines/care paths effectively when appropriate						
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf						
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources						
Comments:						

Competency: Interpersonal and Communication Skills	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Follows must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues						
Communicates effectively with patients and families						
Maintains accurate, timely, complete and legible medical records						
Identifies self and other members of the health care team & explains roles						
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members						
Uses effective listening skills to elicit information						
Communicates with patient and caregiver in the appropriate setting						
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion						

Comments: ① Outpatient chart note dictations should be more comprehensive. Expand on your assessment section (pull individual problems apart and at the same time look at the big picture). Consider writing your assessment/problem list as recommendations as numbered lists. ② Should discuss chart with attendees. Even look in the notes. Sh... it... in Wednesday.

Competency: Professionalism The physician must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<25% of time	25-49% of time	50-75% of time	76-95% of time	>95% of time	Unable to evaluate
Demonstrates compassion and respect for others						
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, gender, and disabilities						
Communicates with honesty and integrity						
Engages in ethical medical practices						
Demonstrates productive work habits including punctuality, effective time management, initiative and organization				✓		
Works effectively with other members of the health care team				✓		
Assumes ownership and responsibility for patient care				✓		
Responds positively to constructive criticism					✓	
Understands role of peer review as it relates to professional accountability			✓			
Understands role of expected professional behavior of a consultant				✓		
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature					✓	
Comments:						

SUMMARY COMMENTS:

Strengths: ① Allison has gotten more comfortable with the clinic and ~~staff~~ in patient workflow and is more relaxed now. ② Case presentations have improved significantly. ③ Allison's interactions with her patients are warm and caring.

Areas for growth and development:

- ① Literature review - should be more methodical and structured
should read original article and should not just be satisfied
with abstracts.
- ② Clinic dictations should be more comprehensive
- ③ Discuss clinic charts with attendings face to face every week

Specific goals for next 6 months:

- ① In-training exam in March.
- ② March - April → meet with all members of faculty to
investigate ideas for potential research projects.
- ③ Evidence-based literature review at Journal Club (April, May or
June 2011)

Patient encounter observed in its entirety on (date): _____ (Required at once/year)

The fellow's performance was _____ above _____ at ☒ below the level expected for his/her level of training

Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee? Yes _____ No _____

The evaluator(s) should discuss the evaluation with the individual fellow. After this discussion occurs, please have the fellow and the faculty evaluator sign below.

Faculty Evaluator Naveen K. Ull Date 2/24/11

Fellow Evaluated Oliver Matteo Date 2/24/11

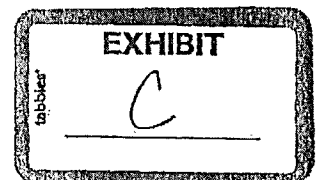
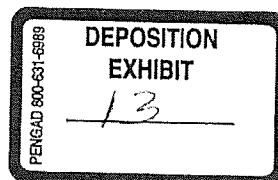
Please return completed form to Naveen K. Ull, Division of Pediatric Endocrinology and Metabolism, RB&C 737

UNIVERSITY HOSPITALS GRADUATE MEDICAL EDUCATION PROGRAMS
PERFORMANCE ALERT NOTICE

Resident: ALISON MATTHEWS Program: PEDIATRIC ENDOCRINOLOGY

This Performance Alert Notice is to officially inform you of our concern regarding your performance as a resident. Based upon information provided by members of the faculty, your performance in the following marked competencies and/or your conduct has been identified as marginal or unsatisfactory.

- ☐ **PATIENT CARE.** Resident does not consistently provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Resident is expected to:
 - ☐ communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
 - ☒ gather essential and accurate information about his/her patients
 - ☒ make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
 - ☒ develop and carry out patient management plans
 - ☐ counsel and educate patients and their families
 - ☐ use information technology to support patient care decisions and patient education
 - ☐ perform competently all medical and invasive procedures considered essential for the area of practice
 - ☐ provide health care services aimed at preventing health problems or maintaining health
 - ☐ work with health care professionals, including those from other disciplines, to provide patient-focused care
- ☐ **MEDICAL KNOWLEDGE.** Resident does not consistently demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Resident is expected to:
 - ☒ demonstrate an investigatory and analytic thinking approach to clinical situations
 - ☒ know and apply the basic and clinically supportive sciences which are appropriate to his/her discipline
- ☐ **PRACTICE-BASED LEARNING AND IMPROVEMENT.** Resident is not able to consistently investigate and evaluate this/her patient care practices, appraise and assimilate scientific evidence, and improve his/her patient care practices. Resident is expected to:
 - ☐ analyze practice experience and perform practice-based improvement activities using a systematic methodology
 - ☒ locate, appraise, and assimilate evidence from scientific studies related to his/her patients' health problems
 - ☐ obtain and use information about own population of patients and the larger population from which his/her patients are drawn
 - ☒ be responsive to feedback on performance
 - ☐ apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
 - ☐ use information technology to manage information, access on-line medical information; and support his/her own education



- ☐ facilitate the learning of students and other health care professionals
- ☐ **INTERPERSONAL AND COMMUNICATION SKILLS.** Resident does not consistently demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Resident is expected to:
 - ☐ create and sustain a therapeutic and ethically sound relationship with patients
 - ☐ use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
 - ☒ work effectively with others as a member or leader of a health care team or other professional group
- ☐ **PROFESSIONALISM.** Resident does not consistently demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident is expected to:
 - ☒ demonstrate: respect, compassion and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
 - ☐ demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
 - ☐ demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- ☐ **OTHER ESSENTIAL ATTRIBUTES NOT BEING MET THAT ARE NECESSARY TO ACHIEVE QUALIFICATION IN CHOSEN SPECIALTY**
 - ☒ Obtain certification in general pediatrics by the American Board of Pediatrics

Program Director comments regarding specific marginal or unsatisfactory performance:

1. Alison has continued to have difficulty obtaining a complete history with all essential elements, formulating a comprehensive assessment and differential and plan, in a consistent manner with every patient she encounters in the in-patient and clinic setting.
2. Although she has steadily improved her fund of endocrine knowledge, she is not functioning at the level of a second year fellow.
3. Sometimes her interpretations of clinical data and laboratory investigations are incomplete.
4. She continues to have difficulty communicating clearly to families and co-workers.
5. Maintenance of patient records and reporting of lab results continue to be unacceptably delayed.
6. She does not respond well to constructive criticism and recommendations for improvement.

Program Director Recommendations:

A. Based on the evaluations received from members of the faculty for the period July – December 2011, the specific areas that need attention are as follows:

1. Obtaining complete patient history; formulating comprehensive assessment and plan.
2. Appropriate interpretation of data, based on clinical information and results of investigations ordered.
3. Broadening differential diagnoses by strengthening endocrine fund of knowledge and applying it consistently.
4. Timely completion of charts, with appropriate addenda, reflecting results of ancillary investigations; timely communication with referring physicians.
5. Communication with patients needs to be comprehensive, incorporating information from clinical interactions, laboratory and radiologic data, and after discussing with supervising attending.
6. Positive responsiveness to constructive criticism and recommendations for improvement.
7. Active participation in weekly case conferences and textbook tutorials.
8. Seek opportunities to perform in-depth reviews and presentations on a wide range of endocrine topics.
9. Board certification examination in general pediatrics to be taken in the fall of 2012.

B. Clinical evaluations were discussed at a meeting by members of the faculty on 2/22/12. Several attendings noted the effort Alison had been putting over the past several months, with improvement in her knowledge base. The consensus, however, was that she is not performing at the level expected of a second year fellow in pediatric endocrinology. The program director and members of the faculty recommend extending her fellowship by 12 months (new completion date will be June 30, 2014). This will allow adequate time for Alison to develop the core competencies that are mandatory to become eligible for sub-specialty certification by the American Board of Pediatrics.

C. We encourage Alison to pursue all opportunities to strengthen her clinical skills and knowledge in the basic science and clinical aspects of pediatric endocrinology. This includes printed and online resources that are available in the division, department and institution. In addition, members of the faculty are available for one-on-one sessions, if Alison wants to continue them.

D. Alison needs to demonstrate continued improvement in her core competencies on her bi-annual faculty evaluations. In addition, I (program director) will seek input from members of the faculty who supervise her in clinics and on the endocrine in-patient service. Advancement to the next year of training is contingent upon demonstration of satisfactory progress, as assessed by members of the attending faculty and program director by February 2013. Certification of satisfactory completion of fellowship training will also be based on consensus of the divisional faculty.

Resident & Program Director Acknowledgment:

On this date, I have met with the Program Director regarding my performance in the residency training program. I have read this Performance Alert Notice and the above recommendations by the Program Director. I understand that failure to correct these areas of marginal/unsatisfactory performance could result in any or all of the following: failure of a specific rotation, failure to advance to the next year of training, academic deficiency and remediation, probation, or possible termination of residency training. I understand that this is not a disciplinary action and no appeal is available to me.

Resident Signature_____
Date_____
Program Director Signature_____
Date


Original to permanently remain in Resident's file; copy to the Resident.

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(2/29/2012)

I discussed this Performance Alert with Dr. Alison Matthews in presence of Dr. Beth Kaminski.

After reviewing its contents, Dr. Matthews refused to sign it. She stated that she would consider a 6 month extension of her fellowship, but refused extension for 12 months.


N. Williams

Summary of Group/Fellow Evaluations

Page 1 of 11

Duplicate
fileSummary of Group/Fellow
Evaluations
Fellow Clinical Evaluation (v.1)University Hospital
Health System
University Hospital of Cleveland
Cleveland, Ohio 44106-6100

UHG - Division Pediatric Endocrinology

Print Report

Back to Menu

Report Date Range: 07/01/2011 - 02/28/2012
Rotation Name: Endocrinology

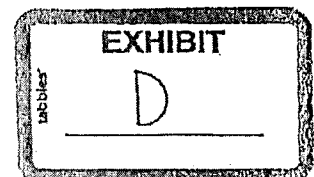
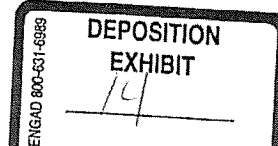
Report Date Time: 2/28/2012 2:52:16 PM

Competency = Average score on competency for selected Fellows
Group = Average score of all FPGYs represented
Total = Average score of all FPGYs

To print

Interpersonal and Communication Skills - Category Summary (2.62, 52.4%)

Question:	AMathews5	Group	Total
Fellows must demonstrate interpersonal and communication skills that result in effective information exchange with patients and colleagues			
Communicates effectively with patients and families Scale of 1-5 (See Bottom)	2.60 (n=5) 52.0%	3.20 (n=10) 64.0%	3.63 (n=19) 72.6%
Maintains accurate, timely, complete and legible medical records Scale of 1-5 (See Bottom)	1.80 (n=5) 36.0%	2.80 (n=10) 56.0%	3.26 (n=19) 65.2%
Use appropriate language at the proper developmental level/educational level for patient, care givers, and family members Scale of 1-5 (See Bottom)	3.00 (n=5) 60.0%	3.30 (n=10) 66.0%	3.68 (n=19) 73.6%
Communicates with patient and caregiver in the appropriate setting Scale of 1-5 (See Bottom)	3.00 (n=5) 60.0%	3.40 (n=10) 68.0%	3.63 (n=19) 72.6%
Communicates with referring providers through face-to-face meetings, dictated letters and, if warranted, phone calls in a concise and timely fashion Scale of 1-5 (See Bottom)	2.40 (n=5) 48.0%	2.78 (n=9) 55.6%	3.33 (n=18) 68.6%
Identifies self and other members of the health care team & explains roles Scale of 1-5 (See Bottom)	3.00 (n=4) 60.0%	3.33 (n=9) 66.6%	3.50 (n=18) 70.0%
Uses effective listening skills to elicit information Scale of 1-5 (See Bottom)	3.00 (n=5) 60.0%	3.40 (n=10) 68.0%	3.58 (n=18) 71.6%
Overall performance rating for this competency. Please provide additional comments:	2.20 (n=5) 44.0%	3.00 (n=10) 60.0%	3.42 (n=19) 68.4%

<https://www.myevaluations.com/Reports/Admin/FE/SummaryGroup.asp>


Summary of Group/Fellow Evaluations

<p>Scale of 1-5 (See Bottom)</p> <p>• Allen has worked over the past couple of months to improve her chart turn around time. She should be to precept with faculty member within the weeks of seeing the patient.</p> <p>• Allen needs to work on her history taking and be more thorough with her evaluation. She needs to pay more attention to detail. Her fellows are likely to be confused by her history taking and she continues to take too long to get things out to primary physicians following up on the case. Her students have also complained that they are not being involved about test results in a timely fashion.</p> <p>• I am not happy with missing information on her history that I must inquire about with the parents when Dr. Matthews presents cases to me. Parents have been satisfied with the communication they receive from Dr. Matthews since I do not receive queries from them at the visit or afterwards. Completion of the faculty review of their endowment dictations is taking 3-8 weeks - this is similar to the other fellows though it would be more ideal to have these completed in the 2-4 week range.</p> <p>• Needs to improve timeliness of reviewing charts and communicating with referring providers. This has improved steadily.</p>

Medical Knowledge - Category Summary (2.29, 45.8%)

Question:	AMatthews5	Group	Total
Fellows must demonstrate knowledge about established and evolving biomedical, clinical and epidemiological sciences and the application of this knowledge to patient care			
Demonstrates sound foundation of knowledge for each of the subspecialty diagnoses we see Scale of 1-5 (See Bottom)	1.80 (n=5) 36.0%	2.90 (n=10) 58.0%	3.11 (n=10) 62.2%
Understands unique challenges experienced by children and families with chronic diseases Scale of 1-5 (See Bottom)	3.20 (n=5) 64.0%	3.40 (n=10) 68.0%	3.42 (n=10) 68.4%
Understands basic and clinical science underpinnings of endocrine axes and endocrine disorders Scale of 1-5 (See Bottom)	2.00 (n=5) 40.0%	2.80 (n=10) 58.0%	3.05 (n=10) 61.0%
Facilitates education of students and other health care professionals Scale of 1-5 (See Bottom)	2.25 (n=4) 45.0%	2.88 (n=8) 57.6%	3.18 (n=17) 63.6%
Identifies areas for improvement of self-knowledge and demonstrates a willingness to be a life-long learner Scale of 1-5 (See Bottom)	2.60 (n=5) 52.0%	3.40 (n=10) 68.0%	3.53 (n=19) 70.6%
Critically evaluates current medical information Scale of 1-5 (See Bottom)	2.40 (n=5) 48.0%	3.10 (n=10) 62.0%	3.21 (n=10) 64.2%
Applies knowledge with attention to clinical outcome, cost-effectiveness, risk benefit, and patient preference Scale of 1-5 (See Bottom)	2.25 (n=4) 45.0%	3.11 (n=9) 62.2%	3.17 (n=18) 63.4%
	1.80 (n=5)	2.90 (n=10)	2.96 (n=19)

Summary of Group/Fellow Evaluations

Overall performance rating for this competency. Please provide additional comments.	38.0%	58.0%	59.0%
Scale of 1-5 (See Bottom)			
<p>• Allison continues to improve her training. She, again, has participated over the past few months, and I encourage her to continue this increased effort to enhance competence.</p> <p>• Allison does not participate in conferences and seems disinterested and disengaged from division conferences. When she presents a topic, it is usually a superficial review, and rarely at the level expected of a second year fellow. When asked to form a differential diagnosis, she is unable to come up with one. I have serious doubts about her knowledge base. During Fellow Board review sessions, which are small group, informal sessions, she stays quiet and does not participate. I have rarely seen her take initiative to teach residents or medical students on the team. She functions at the level of a pediatric resident and not at the level of a fellow in pediatric endocrinology.</p> <p>• For "Foundation of knowledge in each diagnosis" - I estimate that she has competent knowledge in 58-70% of diagnoses and the limitations are in diagnoses that she has not had clinical exposure to as a result of their rarer occurrence. In the 2nd year, I would be aiming for competent knowledge to be in ~60% of areas and beginning to focus on details and rarer conditions. She is, however, able to identify these areas of weakness and is working at building knowledge in those areas. Main opportunity to assess teaching skills with residents/med students is when on hospital service which only occurred during 1st week of July 2011 - so don't feel can assess. On patient by patient basis have found situations in which have discussed aspects of knowledge that needed to be added to clinical considerations but often these are details that are not directly related to the "chief complaint" or reason for followup.</p> <p>• Allison has improved her medical knowledge, but needs to expand her understanding of basic science underlying endocrine disorders.</p>			

Patient Care and Procedural Skills - Category Summary (2.50, 50.0%)

Question:	AMatthews5	Group	Total
Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health			
Obtains a focused history for each of the specialty diagnoses we see Scale of 1-5 (See Bottom)	2.40 (n=5) 48.0%	3.00 (n=10) 60.0%	3.37 (n=19) 67.4%
Utilizes medical literature and information technology to inform and support patient care decisions and to educate patients Scale of 1-5 (See Bottom)	2.60 (n=5) 52.0%	3.30 (n=10) 66.0%	3.42 (n=19) 68.4%
Obtains appropriate laboratory and radiographic studies to evaluate differential diagnoses and establish final diagnosis Scale of 1-5 (See Bottom)	2.60 (n=5) 52.0%	3.20 (n=10) 64.0%	3.28 (n=19) 65.2%
Obtains results of laboratory and radiographic studies in a timely fashion Scale of 1-5 (See Bottom)	2.20 (n=5) 44.0%	2.70 (n=10) 54.0%	3.21 (n=19) 64.2%
Accurately interprets test results, including results of endocrine stimulation tests Scale of 1-5 (See Bottom)	2.20 (n=5) 44.0%	2.90 (n=10) 58.0%	3.11 (n=19) 62.2%
Demonstrates ability to read bone age X-rays Scale of 1-5 (See Bottom)	3.00 (n=2) 60.0%	3.50 (n=6) 70.0%	3.38 (n=13) 67.6%
Obtains a directed physical examination for each of the specialty diagnoses we see, incorporating necessary endocrine-specific	3.00 (n=5) 60.0%	3.40 (n=10) 68.0%	3.53 (n=19) 70.6%

Summary of Group/Fellow Evaluations

elements.			
Scale of 1-5 (See Bottom)			
Formulates and prioritizes a differential diagnosis based on patient information, current literature and sound clinical judgment	2.20 (n=5) 44.0%	3.00 (n=10) 60.0%	3.21 (n=19) 64.2%
Scale of 1-5 (See Bottom)			
Synthesizes evidence in making therapeutic decisions and employs the therapeutic management of choice for a given working diagnosis	2.20 (n=5) 44.0%	3.00 (n=10) 60.0%	3.21 (n=19) 64.2%
Scale of 1-5 (See Bottom)			
Provides appropriate health maintenance and preventative measures based on age, gender, risk factors, and developmental stage	3.00 (n=4) 60.0%	3.33 (n=8) 66.6%	3.58 (n=18) 71.2%
Scale of 1-5 (See Bottom)			
Identifies appropriate community resources to address patient needs	2.75 (n=4) 55.0%	3.11 (n=9) 62.2%	3.28 (n=18) 65.6%
Scale of 1-5 (See Bottom)			
Counsels and educates patients and families regarding diagnostic and management plans	2.80 (n=5) 56.0%	3.20 (n=10) 64.0%	3.58 (n=19) 71.6%
Scale of 1-5 (See Bottom)			
Overall performance rating for this competency. Please provide additional comments:	2.00 (n=5) 40.0%	3.00 (n=10) 60.0%	3.21 (n=19) 64.2%
Scale of 1-5 (See Bottom)			
<ul style="list-style-type: none"> I have noticed improvement in Alison's differentials in one on one meetings, but when presented with "new to her" cases in conference, she is still hesitant to offer a detailed differential. I encourage her to be less shy about her thoughts and to demonstrate her competency! Alison needs to be more detail oriented and develop the skills and knowledge base to form a broad differential for the diagnoses we see. I am concerned that she sometimes leaves out vital pieces of information, for example, she left out the height and weight on a patient we were consulting on for failure to thrive. In the areas in which she has sound knowledge she is competent with history and management. There have been occasions in which interpretation of labs have been more superficial or incorrect relative to my expectation which have no serious implications for the patient's care but result in inadequate communication with the referring physician. In each situation, it has been discussed with Dr. Matthews during the chart review and completion of the disposition - and will continue to be monitored by me to confirm that this has been mastered. Alison needs to be consistent in discussing all aspects of a patient's history toward generating a broad differential diagnosis on every patient she encounters. She also should discuss with her attendings, laboratory investigations and radiologic studies in a timely manner, before communicating test results and recommendations to patients and their families. 			

Practice-Based Learning and Improvement - Category Summary (2.62, 52.4%)

Question:	AMatthews5	Group	Total
Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices			
Critically evaluates current scientific literature using principles of evidence-based medicine	2.50 (n=4) 50.0%	3.22 (n=6) 84.4%	3.28 (n=18) 65.6%

Summary of Group/Fellow Evaluations

Scale of 1-5 (See Bottom)			
Accepts feedback appropriately and acts on areas identified for improvement	2.40 (n=5) 48.0%	3.10 (n=10) 62.0%	3.53 (n=19) 79.5%
Scale of 1-5 (See Bottom)			
Uses information technology to research information, access on-line medical information and support own education	3.00 (n=5) 60.0%	3.50 (n=10) 70.0%	3.58 (n=19) 73.6%
Scale of 1-5 (See Bottom)			
Obtains information from their own patient population and the larger population from which their patients are drawn to formulate decisions	2.80 (n=5) 56.0%	3.30 (n=10) 66.0%	3.47 (n=19) 69.4%
Scale of 1-5 (See Bottom)			
Acquires knowledge through utilization of appropriate resources (e.g. textbooks, literature, attending, electronic sources, conferences)	2.80 (n=5) 56.0%	3.30 (n=10) 66.0%	3.58 (n=19) 71.8%
Scale of 1-5 (See Bottom)			
Seeks opportunities to strengthen deficits in knowledge and skills	2.80 (n=5) 56.0%	3.20 (n=10) 64.0%	3.47 (n=19) 69.4%
Scale of 1-5 (See Bottom)			
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	2.33 (n=3) 46.6%	3.00 (n=7) 60.0%	3.19 (n=16) 63.8%
Scale of 1-5 (See Bottom)			
Overall performance rating for this competency. Please provide additional comments:	2.20 (n=5) 44.0%	3.00 (n=10) 60.0%	3.26 (n=19) 65.2%
Scale of 1-5 (See Bottom)			
<ul style="list-style-type: none"> It is very difficult to provide Alison with feedback, as she does not seem to be open to any suggestions. As a second year fellow, I would expect her to be polishing the skills she acquired as a first year fellow, but instead, I still find her struggling with the basics. This core competency implies ability to independently recognize one's deficits and correct them. The initial recognition of deficits required feedback from the faculty in the fall but, subsequently, Dr. Matthews sought feedback from me regarding her performance and mastery of the endocrine knowledge base, then identified areas of weaknesses she wanted to correct followed by studying topics independently then spending hours of additional one-on-one discussion time with me to systematically master the identified deficits. She has also obtained additional textbooks and manuscripts to expose herself to the same subject matter from different angles. This process is ongoing. Evidence-based current literature is best assessed during journal club presentations and endocrine sections and I will leave that assessment to my colleagues. Needs to perform literature reviews in more depth. Needs more initiative and active participation at our weekly case conferences and textbook chapter review. 			

Professionalism - Category Summary (2.65, 53.0%)

Question:	AMatthews5	Group	Total
Fellows must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population			

Summary of Group/Fellow Evaluations

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Demonstrates compassion and respect for others Scale of 1-5 (See Bottom)	3.40 (n=5) 68.0%	3.78 (n=18) 74.8%	3.89 (n=18) 77.8%
Demonstrates sensitivity and responsiveness to patients' culture, ethnicity, age, gender, and disabilities Scale of 1-5 (See Bottom)	3.60 (n=5) 72.0%	3.88 (n=18) 75.0%	3.95 (n=18) 79.0%
Acts with honesty and integrity Scale of 1-5 (See Bottom)	2.80 (n=5) 56.0%	3.40 (n=10) 68.0%	3.79 (n=18) 75.8%
Engages in ethical medical practices Scale of 1-5 (See Bottom)	3.00 (n=4) 60.0%	3.44 (n=9) 68.8%	3.83 (n=18) 76.6%
Demonstrates productive work habits including punctuality, effective time management, initiative and organization Scale of 1-5 (See Bottom)	2.00 (n=5) 40.0%	2.70 (n=10) 54.0%	3.26 (n=19) 65.2%
Works effectively with other members of the health care team Scale of 1-5 (See Bottom)	2.80 (n=5) 56.0%	3.40 (n=10) 68.0%	3.74 (n=19) 74.8%
Takes ownership and responsibility for patient care Scale of 1-5 (See Bottom)	2.80 (n=5) 56.0%	3.30 (n=10) 66.0%	3.74 (n=19) 74.8%
Responds positively to constructive criticism Scale of 1-5 (See Bottom)	2.20 (n=5) 44.0%	3.00 (n=10) 60.0%	3.47 (n=19) 69.4%
Understands role of peer review as it relates to professional accountability Scale of 1-5 (See Bottom)	2.40 (n=5) 48.0%	2.89 (n=9) 57.8%	3.07 (n=15) 61.4%
Understands role of expected professional behavior of a consultant Scale of 1-5 (See Bottom)	2.20 (n=5) 44.0%	3.00 (n=10) 60.0%	3.37 (n=19) 67.4%
Demonstrates a commitment to on-going professional development through regular attendance at conferences and reading medical literature Scale of 1-5 (See Bottom)	2.60 (n=5) 52.0%	3.00 (n=10) 60.0%	3.58 (n=19) 71.6%
Fellow responds to pages and calls in a timely manner Scale of 1-5 (See Bottom)	3.00 (n=5) 60.0%	3.20 (n=10) 64.0%	3.58 (n=19) 71.6%

Summary of Group/Fellow Evaluations

Fellow is timely in Patient follow-up Scale of 1-5 (See Bottom)	2.00 (n=5) 40.0%	2.80 (n=10) 52.0%	3.32 (n=19) 66.4%
Overall performance rating for this competency. Please provide additional comments: Scale of 1-5 (See Bottom)	2.40 (n=5) 48.0%	3.10 (n=10) 62.0%	3.37 (n=19) 67.4%
<ul style="list-style-type: none"> • Alison is improving in this area as well. • It is difficult to work with Alison. I am not yet able to trust that she will do the right thing while on service with her. She is not open to constructive criticism. • Dr. Matthews has handled the challenges of her knowledge acquisition with grace and determination. She appears to enjoy her interactions with patients and families, who in turn have seemed to respect her. She also exhibits intellectual curiosity and ability to prioritize the process of further acquisition of knowledge upon a foundation. • Has been more responsive to feedback. Improve turnaround time of chart notes. 			

System-Based Practices - Category Summary (2.97, 59.4%)

Question:	AMatthews6	Group	Total
Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value			
Practices cost-effective health care and resource allocation that does not compromise quality of care. Considers cost benefit analysis in providing clinical care Scale of 1-5 (See Bottom)	3.00 (n=4) 60.0%	3.25 (n=8) 65.0%	3.25 (n=16) 65.0%
Advocates for quality patient care and assists patients in dealing with system complexities Scale of 1-5 (See Bottom)	3.00 (n=4) 60.0%	3.33 (n=9) 66.6%	3.56 (n=18) 71.2%
Utilizes clinical guidelines/care paths effectively when appropriate Scale of 1-5 (See Bottom)	3.00 (n=5) 60.0%	3.40 (n=10) 68.0%	3.47 (n=19) 69.4%
Is familiar with documentation criteria for different levels of care Scale of 1-5 (See Bottom)	2.80 (n=5) 56.0%	3.10 (n=10) 62.0%	3.11 (n=19) 62.2%
Recognizes potential conflicts of interest between individual patients and their health care organizations and advocates on the patient's behalf Scale of 1-5 (See Bottom)	3.00 (n=3) 60.0%	3.29 (n=7) 65.8%	3.38 (n=16) 67.6%
Understands how types of medical practice and delivery systems differ from one another, including methods for controlling health care costs and allocating resources Scale of 1-5 (See Bottom)	3.00 (n=3) 60.0%	3.29 (n=7) 65.8%	3.19 (n=16) 63.8%
Overall performance rating for this competency. Please provide additional comments:	3.00 (n=5) 60.0%	3.30 (n=10) 66.0%	3.16 (n=19) 63.2%

Summary of Group/Fellow Evaluations

Scale of 1-5 (See Bottom)			
<ul style="list-style-type: none"> Cannot recall any socially or economically challenged patients for which I observed how Dr. Matthews handled the situation. 			

Overall Summary

Question:	AMatthews5	Group	Total
Rate this fellow's performance on the clinical performance as expected for his/her level of training.	1.00 (n=5) 33.3%	1.80 (n=10) 60.0%	2.16 (n=19) 72.0%
AMatthews5: Alison has made consistent effort to improve her performance all around! Areas of strength: _____ Scale of Free Form (See Bottom)			
AMatthews5: Expand endocrine knowledge base Areas for growth and development: _____ Scale of Free Form (See Bottom)			
AMatthews5: Close the gap on outpt chart turn around time and push to give detailed differentials of endocrine disorders Goals for next 6 months: _____ Scale of Free Form (See Bottom)			
AMatthews5: not performed by me Patient encounter observed in its entirety on (Please provide a date. Required at least once/year): _____ Scale of Free Form (See Bottom)			
Should this fellow's performance receive special review by the Pediatric Endocrinology Education Committee?	Yes(n=5) No(n=0)	Yes(n=5) No(n=4)	Yes(n=5) No(n=12)
Scale of 5=Yes/4=No/3=NA (See Bottom)			

Comments Section:

Alison Matthews Additional Comments: Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: chart notes are delayed from visit times...up to one month or more; need to be certain to add addendums to medical chart notes Explanation for a score of 2 out of 5 for Medical Knowledge: Speak up! We don't know what you are thinking if you don't share your differentials! This is improving in one on one meetings... Explanation for a score of 2 out of 5 for Medical Knowledge: Improving...keep reading! Explanation for a score of 2 out of 5 for Medical Knowledge: Continue your progress in this area...you are closing the gap. Explanation for a score of 2 out of 5 for Medical Knowledge: This skill set is developing... Explanation for a score of 2 out of 5 for Medical Knowledge: Competency is improving with time.
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Summary of Group/Fellow Evaluations

Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Keep up with lab results so that subsequent testing is performed
to a timely manner under medical supervision as directed.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Developing confidence to go into the comfort of the patient.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Allison's working diligently in this area.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Continue to work on this goal the next few months.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Keep working hard...you are progressing!
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Happiness is improving...
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Working to communicate with team more effectively.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: I encourage Allison to accept experiments and move and
experiment through new things and learn from each experience.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: Allison is improving in this area overall.
Explanation for a score of 2 out of 5 for Subject Area and Procedural Skills: There has been a noticeable improvement in Allison's work,
and I think with more time she will reach her goals.
Explanation for a score of Yes and of TN for Overall Summary: There has been a noticeable improvement in Allison's work, and I think with
more time she will reach her goals.

Additional Comments:
 Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: see comments
 Explanation for a score of 1 out of 3 for Interpersonal and Communication Skills: see comments
 Explanation for a score of 1 out of 5 for Interpersonal and Communication Skills: see comments
 Explanation for a score of 1 out of 5 for Interpersonal and Communication Skills: see comments

Explanation for a score of 1 out of 5 for Interpersonal and Communication Skills: see comments
Explanation for a score of 1 out of 5 for Medical Knowledge: see comments
Explanation for a score of 2 out of 5 for Medical Knowledge: see comments
Explanation for a score of 1 out of 5 for Medical Knowledge: see comments
Explanation for a score of 1 out of 5 for Medical Knowledge: see comments
Explanation for a score of 1 out of 5 for Medical Knowledge: see comments
Explanation for a score of 1 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 1 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 1 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 1 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: see comments
Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: see comments
Explanation for a score of 1 out of 5 for Practice-Based Learning and Improvement: Needs to be more active in researching and critically reviewing literature.
Explanation for a score of 1 out of 5 for Practice-Based Learning and Improvement: see comments
Explanation for a score of 1 out of 5 for Practice-Based Learning and Improvement: see comments
Explanation for a score of 1 out of 5 for Practice-Based Learning and Improvement: see comments
Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: see comments
Explanation for a score of 1 out of 5 for Professionalism: see comments
Explanation for a score of 1 out of 5 for Professionalism: see comments
Explanation for a score of 1 out of 5 for Professionalism: see comments
Explanation for a score of 1 out of 5 for Professionalism: see comments
Explanation for a score of 1 out of 5 for Professionalism: see comments
Explanation for a score of 2 out of 5 for Professionalism: see comments
Explanation for "Below Expectations" score for Overall Summary (FEA30070): Alison still works at the level of a first year fellow.
Explanation for a score of Yes out of YN for Overall Summary: I am very concerned about Alison's performance, her knowledge base and her professionalism.

Additional Comments: Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Although prior to Fall 2011 had greater than 8 week delay in reviewing some charts with me and now is within 3-8 weeks after actual patient visit, still I feel that it should be within 3-4 weeks of the visit that report on actual visit be reviewed and signed irrespective of whether patient has obtained recommended lab studies ordered at the time of the visit. Explanation for a score of 2 out of 5 for Medical Knowledge: The key word is "each". For those problems that are rare or not personally seen by Dr. Matthews to this date, there has been need to lay the foundation with regard to diagnostic workup, interpretation and some basic science knowledge.

Explanation for a score of 2 out of 5 for Medical Knowledge: Discussion of supervised cases has suggested deficits or failure to recognize complete differential for specific areas such as metabolic bone disease, lipid disorders and aspects of delayed puberty that may reflect hypogonadism/dysfunction. Gaps in knowledge suggests deficits in knowledge of new technology details and fine details of diabetes and its complications are also not fully understood.

Explanation for a score of 2 out of 5 for Medical Knowledge: Previous conference presentations have not necessarily included recent manuscript publications but rather summarize text or review articles thus can't assess ability to critically evaluate such recent info. This may not yet be occurring due to the need to form a solid foundation within which to contextualize new knowledge being published.

Explanation for a score of 2 out of 5 for Medical Knowledge: Limitations to application of knowledge are primarily due to limitation in knowledge, however, there are examples in which information was not critically assessed before interpreting its meaning for a given patient (i.e. delayed menses relative to single value of LH, FSH and estradiol).

Explanation for a score of 2 out of 5 for Medical Knowledge: Additional comments are sufficient explanation.

Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Key word is "each" as discussed above. All times history of current illness a bit too focused while review of systems too comprehensive - these can potentially affect efficiency and only rarely have potential adversity

Summary of Group/Fellow Evaluations

to patient care.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Can't recall examples in which she was able to discuss a case and demonstrate that she had done a literature review or sought multiple tests to address patient care decisions. I am not aware of any discussion of educational information beyond her verbal explanation to patients OR in diabetes beyond the material already produced without section by Dr. Nussli and diabetes nurse educators.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Examples that come to mind include above summary of delayed menarche patient.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: I have no further additional comments.
 Explanation for "Below Expectations" score for Overall Summary (FEA30070): As stated elsewhere, I am of the opinion that at this stage there should be a mastery of about 60% of concepts doing practice along with evidence of meticulousness and precision with the clinical information and interpretation. The systematic explanations of why and how this should be done began to be explained to her in November and due to her frequent clinics relative to my schedule I have not had sufficient opportunity/passage of time to observe improvement. The decrease in turnover time between visit and discussion with me will also afford more opportunities to model and learn these aspects of "clinical performance" but are likely to require at least 3 months longer.
 Explanation for a score of Yes out of YN for Overall Summary: I feel that it is very important for the full committee to read the detailed observations that I have recorded above rather than merely reviewing the scores in order to get a full sense of my assessment of her knowledge and performance at this stage in her training.

Additional Comments:

Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Needs to improve turnaround time of chart notes and discussion of patient lab results.
 Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Improve turnaround time for communicating with referring providers.
 Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Turnaround time of charts and communications.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Needs to expand on clinical knowledge of endocrine physiology and pathophysiology and management of the various pediatric endocrine disorders.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Needs to expand her understanding of the basic science of pediatric endocrine disorders.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Literature review needs to be performed consistently with more depth and scope.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Alison has steadily improved her knowledge in pediatric endocrinology, but is still below what is expected for her training level.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Needs to discuss lab and radiology tests with her attending in a more timely manner, so as to improve efficiency of clinical care.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Alison has steadily improved, but is still below what is expected for her training level.
 Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: Literature review needs to be more critical and in depth.
 Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: Needs to work on being more critical of literature.
 Explanation for a score of 2 out of 5 for Professionalism: Needs to make turnaround time of charts more efficient.
 Explanation for a score of 2 out of 5 for Professionalism: Turnaround time of charts.
 Explanation for "Below Expectations" score for Overall Summary (FEA30070): Alison is making steady improvement across all core competencies. However, she is still below what is expected at her training level.
 Explanation for a score of Yes out of YN for Overall Summary: I will discuss Alison's clinical evaluations with other members of the divisional faculty.

Additional Comments:

Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Seems to be working on improving communication, but complex endocrine diagnoses require clear explanations which Alison sometimes has difficulty with.
 Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Has sometimes taken months to complete dictations and edit transcriptions.
 Explanation for a score of 2 out of 5 for Interpersonal and Communication Skills: Dictations themselves are very brief and do not always convey what she is thinking, especially in the assessment section.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Endocrine knowledge seems below average from what I can tell. Does not often contribute to differential diagnosis during case discussions in conference.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Assessments in her clinic and consult notes are brief without detailed differentials. Does not yet convey thorough understanding of endocrine.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Should be more active in daily rounds.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Presentations in conference have been somewhat basic without delving into details which she should address at the fellow level.
 Explanation for a score of 2 out of 5 for Medical Knowledge: Overall needs to work on developing a sound fund of endocrine knowledge and be able to demonstrate her knowledge through oral or written means.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Sometimes has trouble interpreting complex lab results.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Often has very limited differentials.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Does not always seek literature.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Grade is 3.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Needs to be more effective in communicating plans to families.
 Explanation for a score of 2 out of 5 for Patient Care and Procedural Skills: Efficient at obtaining history and physical. Often misses key history points such as family or social history, at least in her documentation on inpatient consults. Needs to work on developing complete differentials.
 Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: Presentations and reviews of medical literature are often superficial and basic.
 Explanation for a score of 1 out of 5 for Practice-Based Learning and Improvement: She agrees to work on areas for improvement, but has been very upset and angry when these are suggested.
 Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: Often seems uninterested in weekly conference and does not actively participate.
 Explanation for a score of 2 out of 5 for Practice-Based Learning and Improvement: needs to actively acquire more knowledge.

Summary of Group/Fellow Evaluations

Explanation for a score of 3 out of 5 for Practices-Based Learning and Improvement: Have not seen evidence of this in her practice.
 Explanation for a score of 2 out of 5 for Practices-Based Learning and Improvement: Needs to develop knowledge base, expand differentials and history taking skills.
 Explanation for a score of 2 out of 5 for Professionalism: Grade is 3.
 Explanation for a score of 2 out of 5 for Professionalism: poor response to feedback.
 Explanation for a score of 2 out of 5 for Professionalism: Has taken months to complete charts. Several patients have called multiple times for lab results without response.
 Explanation for a score of 2 out of 5 for Professionalism: Does not always work effectively with nurses and secretaries.
 Explanation for a score of 2 out of 5 for Professionalism: Several patients have called multiple times for lab results without response.
 Explanation for a score of 2 out of 5 for Professionalism: Does not respond well to constructive criticism. Has become angry and defensive.
 Explanation for a score of 1 out of 5 for Professionalism: Has not responded well to peer review.
 Explanation for a score of 1 out of 5 for Professionalism: Has not always responded appropriately to requests for consultations.
 Explanation for a score of 2 out of 5 for Professionalism: Attends conferences but is not active.
 Explanation for a score of 2 out of 5 for Professionalism: Has taken months to complete charts. Several patients have called multiple times for lab results without response.
 Explanation for a score of 2 out of 5 for Professionalism: Does not respond well to feedback. Not timely in patient communication.
 Explanation for a score of 2 out of 5 for System-Based Practices: Documentation is often too brief for the level of care being provided.
 Explanation for a score of 2 out of 5 for System-Based Practices: Grade is 3.
 Explanation for a score of 2 out of 5 for System-Based Practices: Details noted above in each section. Needs better fund of knowledge, communication skills and interaction with patients and team.
 Explanation for a score of 2 out of 5 for Overall Summary (FEA30070): Details noted above in each section. Needs better fund of knowledge, communication skills, and interaction with patients and health care team.

Statistical Analysis Based on a Scale of 1-5

n	Std Dev	Median	Mean	Variance	High & Low
5	0.83	3	2.61	0.68	5 & 1

MULTIPLE SCALES:

- Line Text Area (100 Character Limit)
- Medium Text Area
- No Answer Scale (Blank)
- Proficiency Level One
- Performance Scale
- Qualitative Assessment (Two)
- Yes/No-EW (Yes)

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